92634

CALIFORNIA STATE UNIVERSITY, FULLERTON
Department of Health, Physical Education and Recreation

HESCI 355 HEALTH EDUCATION FOR TEACHERS
FALL, 1992
3 Units Credit

I. GENERAL INFORMATION

A.	Instructor:	Dr. Kathy Koser
B.	Office:	PE- 168
C.	Phone:	(714) 773-3320
D.	Office Hours:	M 12:00 - 4:00 p.m. and by appointment

II. CATALOG COURSE DESCRIPTION

This course is designed to satisfy the Commission on Teacher Credentialing requirement to provide teaching candidates with an understanding of the nature and scope of health education in the public schools. Teaching methods and content will cover school health program, wellness, mental health, drug abuse, sexuality, nutrition and other selected areas of health problems among today's school age children and youth. No prerequisites.

III. TEXT

Meeks, Linda B. and Philip Heit. (1992) Comprehensive School Health Education: Totally Awesome Strategies for Teaching Health. Blacklick, Ohio: Meeks Heit Publishing Company.

Van de Kamp, John. (1991) Law in the School. Sacramento, California: California State Publications Department.

Supplemental Handout Packet.

IV. STUDENT RESPONSIBILITIES

A. Attend, be punctual and participate in all class activities.
B. Bring requested materials to each class. Be prepared.
C. Submit all projects, typed and on the due date.
D. Keep a copy of written materials you submit.
E. Complete both examinations.
F. If you find a good idea or resource, pass it on to the instructor and your peers in this class (time will be available at the beginning of each class session).
G. Bring one NCS Trans-Optic form 882 (long green for 100 responses) answer sheet, for each exam. These may be purchased at the bookstore.

V. OTHER INFORMATION

A. Makeup Policy: All students are required to take the midterm and final examinations on the scheduled dates. Only under exceptional circumstances may a student make up an exam, and then only if the instructor is notified in advance.
B. No extra credit work will be considered.
C. Examination # 2 is not comprehensive.
D. Exams will cover all assigned readings, class discussions, films, videos and class activities.

VI. GRADING

Midterm Examination	100 points
Final Examination	100 points
Project 1 First Aid/CPR Certification	10 points
Project 2 Community Agency	20 points
TOTAL POINTS POSSIBLE	230 points

GRADING POLICY:

A:	230-207 points	(90%)
B:	206-184 points	(80%)
C:	183-161 points	(70%)
D:	160-138 points	(60%)
F:	137- 0 points	(50%)

VII. COURSE PHILOSOPHY, GOALS, AND METHODOLOGY

Class activities will include lecture and discussion, cooperative learning, field observation and interview, simulation and role playing. These strategies are intended to promote active participation and experiential learning. Strategies can provide group interaction experiences in the classroom and in the community where making decisions and experiencing the consequences of decisions are a part of the process.

As such, this course will integrate and incorporate the following CSUF School of Human Development and Community Service's multicultural goals:

A. create classroom communities where learning is interactive and dynamic;
B. engage in reflective teaching and learning that draws attention to the process through which knowledge is produced as well as the content to be learned;
C. give voice to the perspectives and experiences of all of our students;
D. model various approaches to knowledge construction and learning for our students;
E. enable students to understand the implications for their practice of differences and similarities related to ethnicity, race, gender, age, ableness and economic status;
F. expand learning beyond the classroom to the broader societal and institutional contexts where students will engage in their practice; and
G. empower students to shape communities that are more humane.

VIII. COURSE CONTENT GOALS

A. To provide students with a basic understanding of the role of the teacher in the total school health program.

B. To prepare elementary and secondary teachers to be aware of and to teach for "optimal well-being."

C. To acquaint students with modern health problems of today's children and youth.

D. To develop competencies in detecting and handling health problems of children and youth.

E. To guide simulations, role-playing, and values clarification strategies relating to responsible decision-making.

F. To explore existing educational and community based programs and surveillance and data systems and identify gaps in the systems related to multi-ethnic communities and their health status.

COURSE OUTLINE

WEEK	DATE	TOPIC	ASSIGNED READING
1	8/31	Overview, Review syllabus, #1 Health problem	
2	9/7	Holiday	
3	9/14	Childhood health 1700-present; Health, Health education, Comprehensive school health; School health program	Pages 1-33
4	9/21	School health services; Curriculum guides; National Adolescent Student Health Survey	Pages 34-35, 52-99
5	9/28	Unintentional injury; Accidents; Emotional health: Stress, Suicide; Child Abuse	Pages 35-36, 46, 100-147, 446-487
6	10/5	First Aid Certification	Pages 47-51
7	10/12	CPR Certification	
8	10/19	Midterm Examination	
9	10/26	Common Health Problems: Orthopedic Disorders	
10	11/2	Common Health Problems: Chronic Disorders	Pages 39-40, 42, 366-400
11	11/9	Nutrition: Guidelines for Healthy Eating , Eating Disorders; Physical Fitness	Pages 42, 234-325
12	11/16	Community Resource Agency Visitation	Pages 614-621
13	11/23	Communicable Diseases	Pages 37-38, 44-45, 366-400
14	11/30	Family Life Education Teenage Pregnancy and Birth Control	Pages 46,148-191
15	12/7	Substance Abuse and Education Alcohol, Tobacco, Illicit Drugs	Pages 40-42, 326-363
16	12/14	Final Examination	

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A. Instructor: Dr. Kathy Koser
B. Office: PE-168
C. Phone: (714) 773-3320 / 3316 (Dept.)
D. Office Hours: M ~~12:00-4:00 P.M.~~ 2-4 pm
M/W 9:00 10:00 am.

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teacher liability

III. TEXT

Comprehensive School Health Education

~~Anspaugh, David and Gene Ezell. (1990) Teaching Today's Health. Third edition. Columbus, Ohio: Merrill Co.~~
~~Van de Kamp, John. (1991) Law in the School. Sacramento, California: California State Publications Department.~~
~~Supplemental Handout Packet.~~

IV. STUDENT RESPONSIBILITIES

Pass all examinations.
Turn in all projects, typed and on time.
Attend and participate in class activities.

Makeup Policy: All students are required to take the midterm and final examinations on the scheduled dates. Only under exceptional circumstances may a student make up an exam, and then only if the instructor is notified in advance.

V. GRADING

multiple T/F

Midterm Examination	100 points
Final Examination	100 points
Project 1 First Aid/CPR	20 points
Project 2 Community Agency	20 points
TOTAL POINTS POSSIBLE	240 points

1st 5 chapters for midterm

what are the health issues from today

choose one specific health related agency / health club, gym, fitness

½ hour interview/tour

phone book

min 5 pages

VI. COURSE PHILOSOPHY, GOALS AND METHODOLOGY

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COMMUNITY RESOURCE AGENCY PROJECT

Agency Name _____

Address _____

Phone (_____) _____

Director's Name _____

Times and Days Services Available _____

Services Offered Adaptive
NOT. Disabled Sports
Wrestling
Sherman Oaks. (Chris Cudahrell

Restrictions on Clientele (if any) 228

Developing + Seniors

QUESTIONS

1. Why was the program developed and instituted? (Purpose)
2. How, when and by whom was the program begun?
3. Describe the principal features of the program (the day-to-day operation). → 1 paragraph
4. What is the success of the program?
5. What makes this program different from others with a similar purpose?
6. How is the program supported financially? / what is the cost to the individual
7. What affiliation(s) or cooperation does the agency maintain with other agencies (e.g., Community Welfare Council, Parole Department, Bureau of Prisons, Board of Education, etc.)?
8. What facilities are currently used by the agency and what are the future projections?
9. Personal evaluation of the program studied.

NOTE: Written project due in typed form on _____

(what educational resources are available

COURSE OUTLINE AND READING ASSIGNMENTS

	WEEK	DATE	TOPIC
8/31	1	2/3	Overview
9/7	2	2/10	Childhood Health 1700-present, School Health Program, Community Resources
	3	2/17	Holiday
9/21	4	2/24	First Aid Certification $15.00
9/28	5	3/2	CPR Certification $15.00
	6	3/9	School Health Services, Curriculum Guides, National Adolescent Student Health Survey
	7	3/16	Emotional Health: Stress, Suicide, Communication
10/19	8	3/23	Midterm Examination Chapters 1-6, 11-12, 21-24 (Anspaugh & Ezell) Law in the School (entire book)
	9	3/30	Common Health Problems: Orthopedic Disorders
	10	4/6	Common Health Problems: Chronic Disorders
11/9	11	4/13	~~Easter Vacation~~ NO CLASS
11/16	12	4/20	Nutrition: Guidelines for Healthy Eating, Eating Disorders, Overweight/Obesity → PROJECT DUE / Community Agency
	13	4/27	Communicable Diseases
	14	5/4	Human Sexuality and Family Life Education Teenage Pregnancy, Birth Control
	15	5/11	Substance Abuse and Education Alcohol, Tobacco, Illicit Drugs
	16	5/18	Health Promotion Strategies for Children and Youth
Dec 14th	17	5/27	Final Examination Chapters 7-10, 13-20, 25-26 (Anspaugh & Ezell)

* The above schedule and procedures in this course are subject to change in the event of extenuating circumstances.*

Joe Bustillos
HESCI355 - Health Ed for Teachers
November 16, 1992

Community Resource Agency Project

Agency Name: Aerobics and Fitness Association of America
Address: 15250 Ventura Blvd., Suite 310, Sherman Oaks, CA 91403-3201
Phone: 800-233-4886 ex 228 [800-BE FIT 86]
Director's Name: Chris Cuchrell (Calif. Regional Rep.)
Times & Days Services Available: Monday - Friday, 10 a.m. - 5 p.m.
Services Offered: Instruction in fitness and exercise for exercise professionals.
Restrictions on Clientele (if any):

QUESTIONS:

1. Why was the program developed and instituted? (Purpose) Aerobics and Fitness Association of America (AFAA) was founded in 1983 as a professional organization that promotes safety and excellence in exercise instruction. AFAA acts as a certifying agency for many gyms and exercise studios looking for "accredited" instructors.

2. How, when and by whom was the program begun? AFFA was begun for aerobics and fitness instructors to promotes safe exercise practices.

3. Describe the principle features of the program (the day-to-day operation). AFAA operates through full-time and part-time staff to present a variety of instructional workshops. Workshops include 20-

hour and 40-hour training programs which focuses on the "how to" of teaching aerobic exercise, providing an understanding of the practical application of exercise science theory. Subjects covered include:

- exercise evaluation,
- fitness assessment,
- effective training,
- class formatting
- creative choreography
- modifications
- music selections
- injury prevention
- cueing techniques
- Low vs. high impact

AFAA also provides instruction on teaching aerobics to the overweight, fitness for seniors, and effective movement for pregnant students. AFAA has also developed a program for adaptive learning situations in conjunctions with the National Handicapped Sports Associations of Maryland. AFAA has been developing a program for children and aerobics.

4. What is the success of the program? AFAA maintains a continuing education program for its certified instructors. The instructor must submit proof of 15 hours of completed course work during the two-year period following initial certification in order to renew his or her certification.

5. What makes this program different from others with a similar purpose? AFAA is one of two major aerobics certification organizations. Because the organization has become so large the differing factors between it and the other organization, IDEA, are somewhat vague. In fact, many instructors carry certifications in both

organizations and continuing ed credits are often offered for both organizations at the same workshop.

6. How is the program supported financially? AFAA is an independent organization that maintains itself by membership fees and workshop revenues.

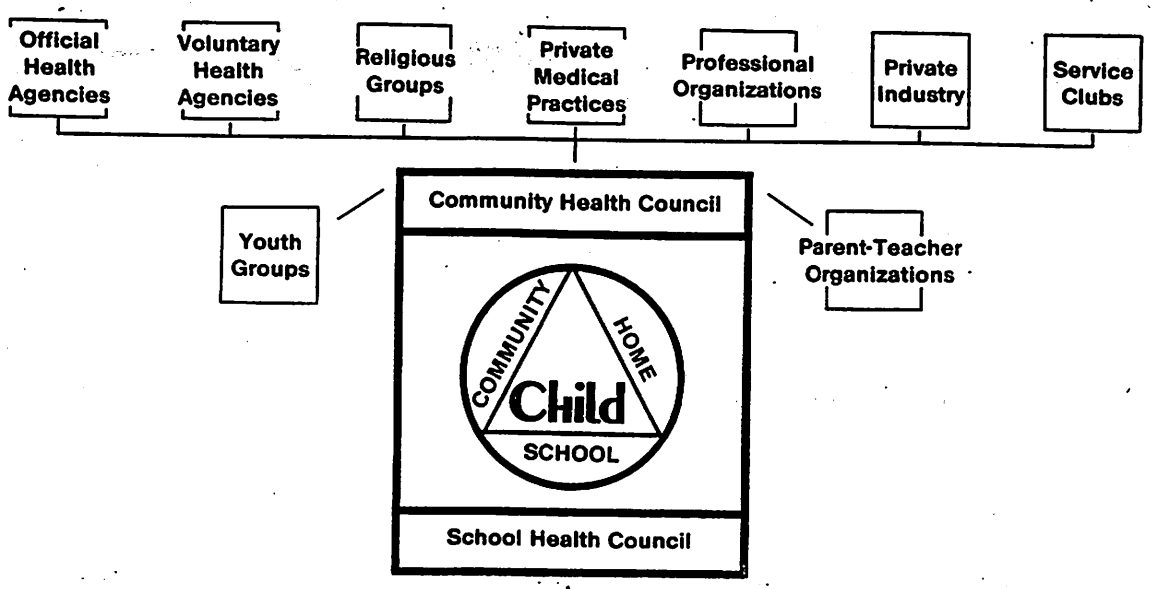
7. What affiliation(s) or cooperation does the agency maintain with other agencies? AFAA is co-sponsored by Reebok shoes and the Triangle group.

8. What facilities are currently used by the agency and what are the future projections? AFAA maintains its headquarters in Sherman Oaks and conducts its workshops at various health clubs across the nation.

9. Personal evaluation of the program studied? It's been my experience in my five of teaching aerobic exercise that AFAA has effectively promoting safe exercise practices in a field that is often muddled by folklore and fads. Unfortunately AFAA's membership and certification fees are a bit steep for "professionals" who are not well-compensated for their sweat and toil (the typical pay is somewhere between burger-flippers and school teachers---not very promising).

CPR FACT SHEET

	ADULT ONE MAN	ADULT TWO MAN	CHILD	INFANT
AGE	8+	8+	1-8	Less than 1
METHOD	Two Hands	Two Hands	One Hand	2 Fingers
RATE	80-100 - work two one thousand	80-100	80-100	100+
DEPTH	1.5 - 2 "	1.5 - 2	1 - 1.5	.5 - 1
RATIO	15:2 compression breaths	5:1	5:1	5:1
RESCUE BREATHING	1:5 12 per minute pulse/no breathing	N/A	1:4 15 per minute	1:3 20 per minute
CYCLES	4 check	10	10	10



HEALTH INSTRUCTION

- Modern point of view
- Needs and Interests
- Relevant Health Content
- Areas of Emphasis
- Specific Objectives
- Learning opportunities
- Evaluation
- Sequentially Organized Curriculum
  - Grade Placement
  - Time allotment
  - Growth and Development Characteristics

HEALTH SERVICES

- Health Appraisal
  - Health History
  - Medical Examination
  - Health Screenings
  - Teacher observation
- Teacher-Nurse conferences
- Referrals
- Health guidance and followup
- Communicable disease control
- Emergency care and disaster procedures
- Care of students with health problems and handicapping conditions
- Dental services

HEALTHFUL ENVIRONMENT

- School Site
  - gyms
  - fields
  - equipment
  - lighting
  - ventilation
  - sanitation
  - noise
  - traffic
- School food service
- Safety and Fire/Disaster Protection
- Mental and emotional tone
- Accident prevention
- Health of School Personnel

FOUNDATIONAL FACTORS

- Points of view from Health and Education
- Health needs and interests of individuals and society
- Social and cultural health problems and conditions

Definitions Related to Educational Settings

(Report of the 1990 Joint Committee on Health Education Terminology. Journal of Health Education. Volume 22, No.2., pp. 105 - 106.)

Comprehensive School Health Program.

A comprehensive school health program is an organized set of policies, procedures, and activities designed to protect and promote the health and well-being of students and staff which has traditionally included health services, healthful school environment, and health education. It should also include, but not be limited to, guidance and counseling, physical education, food service, social work, psychological services, and employee health promotion.

School Health Education.

School health education is one component of the comprehensive school health program which includes the development, delivery, and evaluation of a planned instructional program and other activities for students pre-school through grade 12, for parents and for school staff, and is designed to positively influence the health knowledge, attitudes, and skills of individuals.

School Health Services.

School Health Services are that part of the school health program provided by physicians, nurses, dentists, health educators, other allied health personnel, social workers, teachers and others to appraise, protect and promote the health of students and school personnel. These services are designed to insure access to and the appropriate use of primary health care services, prevent and control communicable disease, provide emergency care for injury or sudden illness, promote and provide optimum sanitary conditions in a safe school facility and environment, and provide concurrent learning opportunities which are conducive to the maintenance and promotion of individual and community health.

A GOOD SCHOOL HEALTH PROGRAM*

The school Health Program is a coordinated set of procedures, promoting healthful living among the pupils and school personnel. This is carried out by utilizing learning experiences in health instruction, health services and healthful school living.

A sound school health program is an integral part of the school curriculum. It is well coordinated within the school and community. This is based on the concept that "health is everybody's business". Teamwork among administrators, teachers, nurses, private and school physicians, health coordinators, students and the people in the community is basic to the success of the program. School and community councils help to insure this teamwork.

HEALTH INSTRUCTION is the process of providing learning experiences for the purpose of influencing knowledge, attitudes and practic es relating to individual and group health. It takes place through:

1. Individual and group counseling by the teacher, nurse, physician and administrator.
2. Informal health teaching during "teaching moments" (when a student asks a question, or when an accident occurs).
3. Direct health instruction (planned incidental education in a number of courses).

The instruction program takes full advantage of opportunities in HEALTH SERVICES AND HEALTHFUL SCHOOL LIVING, such as the school lunch program and the physician's health appraisal.

In motivating students, the teacher uses the problem-solving techniques and bases the teaching-learning experiences upon the needs and interests of his students. Health content areas considered are: nutrition, safety education, habit-forming substances, sleep and rest, communicable diseases, mental health, consumer health, and personal, family and community health.

HEALTH SERVICES are the school procedures which are established to:

1. Appraise the health status of pupils and school personnel, especially by screening procedures.
2. Counsel parents, pupils and other persons involved concerning health findings.
3. Help plan for the health care and education of children with special health problems
4. Help prevent and control diseases.
5. Provide emergency care for the injured and sick.

*This statement on the School Health Program was developed by Mrs. Florence Kay Drake, Miss Paz G. Ramos, and members of the Health Committee, West Los Angeles Community Coordinating Council, June 1956

Appraisal of the health of the school child is ideally a team responsibility. The family physician is considered as in the best position to fully appraise the child's health. The school's part, however, is a vital one, and includes: the daily, continuous observation by the teacher; the screening procedures by nurse, teacher, and counselor; the apprisal of the child's health by phsician; and reports by partents of their own observations. It is common practice for schools to give examinations at three-year intervals from the time the child first enters school, by the school physician. The physician devotes part of his time to counseling, health education, and planning the over-all health program. Efforts are made by the school health staff to refer those children who cannot afford private medical care to local health and welfare agencies.

The child's health record contains personal history of diseases and immunizations, an interpretation of the examinations of the physician, dentist and audiometrist, a record of the teacher's observations, and such data as may come from the screening tests.

Pyschological examinations are provided to assist the teacher in understanding the child. This enables the teacher to teach more effectively. Children with emotional problems are referred to private physicians, psychologists, school and community guidance clinics.

Planning well in advance enables the teachers and students to meet emergencies such as injury. Members of the faculty are trained in first aid and are in a position to render immediate assistance in the absence of the school nurse. Each child's school record contains the names of physicians to be called in case of emergency.

HEALTHFUL SCHOOL LIVING involves the provision of a safe and healthful environment, the organization of a healthful school day, and the establishment of interpersonal relationships favorable to the best emotional, social and personal health of the students.

Proper temperature, ventilation, adequate lighting, and regular inspection of the physical plant are necessary for the health of the students and school personnel. Provisions are made for safety, fire, and disaster protection.

The school lunch and the mid-morning nutrition program provide for the nutritional needs of the child. They also offer excellent opportunities in health instruction for the improvement of food practices. This program is supervised by qualified personnel, including a nutritionist.

A good school environment promotes emotional and social development of the pupils. This is possible by utilizing all opportunities to encourage and insure a harmonious relationship between students, teachers, administrators and other school personnel, parents and community groups.

HEALTHFINDER

Toll-Free Numbers for Health Information

This *Healthfinder* lists and describes toll-free numbers of organizations that provide health-related information. They do not diagnose or recommend treatment for any disease. Some numbers offer recorded information; others provide personalized counseling or referrals. Unless otherwise stated, numbers can be reached within the continental United States, and the service hours are on a Monday - Friday schedule. Appearance on this list does not signify endorsement by the U.S. Department of Health and Human Services, the Office of Disease Prevention and Health Promotion (ODPHP), or the ODPHP National Health Information Center (ONHIC).

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

AIDS Information Hotline
Public Health Service
(800)342-AIDS

Provides information to the public on the prevention and spread of AIDS. Service hours: 24 hours, 7 days a week.

National Gay Task Force
Crisisline
(800)221-7044
(212)529-1604 in NY, AK, and HI

Offers basic information on AIDS, including symptoms, possible causes, and recommended preventive measures. Provides referrals. Service hours: 3 - 9 p.m. eastern time.

ALCOHOLISM

Al-Anon Family Group Headquarters
(800)356-9996
(212)245-3151 in NY and Canada

Provides printed materials on alcoholism specifically aimed at helping families dealing with the problems of alcoholism. Service hours: 24 hours, 7 days a week.

Alcoholism and Drug Addiction Treatment Center
(800)382-4357

Provides referrals to local facilities where adolescents and adults can seek help. Service hours: 8 a.m. - 9:30 p.m. Pacific time.

National Council on Alcoholism
(800)NCA-CALL

Refers to local affiliates and provides written information on alcoholism. Service hours: 24 hours, 7 days a week.

ALZHEIMER'S DISEASE

Alzheimer's Disease and Related Disorders Association
(800)621-0379
(800)572-6037 in IL

Offers information on publications available from the Association. Refers to local chapters and support groups. Service hours: 9 a.m.- 5 p.m. central time.

CANCER

AMC Cancer Information
(800)525-3777

Provides information on causes of cancer, prevention, methods of detection and diagnosis, treatment and treatment facilities, rehabilitation, and counseling services. A service of AMC Cancer Research Center, Denver, CO. Service hours: 8:30 a.m.- 4:30 p.m. mountain time.

Cancer Information Service (CIS)
(800)4-CANCER
(808)524-1234 in Oahu, HI (Neighbor Islands call collect)
(800)638-6070 in AK

Answers cancer-related questions from the public, cancer patients and families, and health professionals. No diagnosis made or treatment recommended. Spanish-speaking staff members are available to callers from the following areas: CA, FL, GA, IL, northern NJ, New York City, and TX. A service of the National Cancer Institute. Service hours: 9 a.m.- 10 p.m. eastern time; 10 a.m.- 6 p.m. Saturday.

CHILD ABUSE

National Child Abuse Hotline
(800)422-4453

Provides information and professional counseling on child abuse. Gives referrals to local social service groups offering counseling on child abuse. Service hours: 24 hours, 7 days a week.

Parents Anonymous Hotline
(800)421-0353
(800)352-0386 in CA

Provides information on self-help groups for parents involved in child abuse. Service hours: 24 hours, 7 days a week.

CHILDREN

National Child Safety Council
Childwatch
(800)222-1464

Answers questions and distributes literature on safety, including drug abuse, household dangers, and electricity. Provides safety information to local police departments. Sponsor of the missing kids milk carton program. Service hours: 24 hours, 7 days a week.

intervention and information, use the Bulimia Anorexia Self-Help Crisis Line: (800)762-3334.

FITNESS

Aerobics and Fitness Foundation
(800)BE FIT 86
23 348 86
Answers questions from the public regarding safe and effective exercise programs and practices. Service hours: 10 a.m. - 5 p.m. Pacific time.

CNAS 228

GENERAL HEALTH

American Medical Radio News
(800)621-8094

Offers prerecorded messages that highlight daily health news and feature stories. A service of the American Medical Association. Service hours: 24 hours, 7 days a week.

American Mental Health Fund
(800)433-5959
(800)826-2336 in IL

Makes available via recorded message the AMHF pamphlet that includes general information about the organization and mental health and warning signs of mental illness. Service hours: 24 hours, 7 days a week.

ODPHP National Health Information Center
(800)336-4797
(202)429-9091 in DC

Provides a central source of information and referral for health questions from health educators, health professionals, and the general public. No diagnosis made or treatment recommended. Spanish speaking staff available. A service of the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Service hours: 9 a.m. - 5 p.m. eastern time.

HANDICAPS

See also **HEARING AND SPEECH**

HEATH Resource Center
(800)544-3284
(202)939-9320 in DC

Provides information on secondary education for the handicapped and on learning disabilities. Service hours: 9 a.m. - 5 p.m. eastern time.

Job Accommodation Network
(800)526-7234
(800)526-4698 in WV

Offers ideas for accommodating handicapped persons in the workplace and information on the availability of accommodation aids and procedures. Service hours: 8 a.m. - 8 p.m., Monday - Thursday; 8 a.m. - 5 p.m. Friday, eastern time.

Library of Congress
National Library Services for the Blind and Physically Handicapped
(800)424-8567
(202)287-5100 in DC

Provides both audio and Braille formats for the blind and physically handicapped, or anyone who is unable to read print for any reason, through a network of State libraries. Service hours: 8 a.m. - 4:30 p.m. eastern time.

National Information System for Health Related Services (NIS)
(800)922-9234
(800)922-1107 in SC

Makes referrals to specialized services that emphasize diagnosis, treatment, and support for developmentally disabled and chronically ill children. Service hours: 8:30 a.m. - 5 p.m. eastern time.

National Rehabilitation Center
(800)34-NARIC
(202)635-5822 in DC

Provides rehabilitation information on assistive devices and disseminates other rehabilitation-related information resources. Service hours: 9 a.m. - 5 p.m. eastern time.

HEADACHE

National Headache Foundation
(800)843-2256
(800)523-8858 in IL

Offers membership information and sends literature on headaches and treatment. Service hours: 9 a.m. - 5 p.m. central time.

HEARING AND SPEECH

American Cleft Palate Association
(800)24-CLEFT
(800)23-CLEFT in PA

Offers basic information to parents and health professionals on cleft palate syndrome. Makes referrals to local support groups and sends information, including lists of plastic surgeons, dentists, and speech pathologists for patients' review. The association does not refer individuals to specific physicians. Service hours: 8 a.m. - 4:30 p.m. eastern time.

Dial a Hearing Test
(800)222-EARS
(800)345-EARS in PA

Answers questions on hearing problems and makes referrals to local numbers for a 2-minute hearing test, as well as ear, nose, and throat specialists. Also makes referrals to organizations that have information on ear-related problems, including questions on broken hearing aids. Service hours: 9 a.m. - 6 p.m. eastern time.

Grapevine
(800)352-8888
(800)346-8888 in CA

Offers information on deafness, including answers for raising and educating a deaf child. Refers callers to parents, professionals, and resources in their own communities nationwide. Service hours: 10 a.m. - 3 p.m. Pacific time.

LEARNING DISORDERS

See also **HANDICAPS**

The Orton Dyslexia Society
(800)ABCD-123

Answers questions about dyslexia, how to become a member of this Society, and makes referrals to other members of the Society. Written materials are also available. Service hours: 9 a.m. - 5 p.m. eastern time.

LIVER DISEASES

American Liver Foundation
(800)223-0179
(201)857-2626 in NJ

Provides information, including fact sheets, and makes physician referrals. Service hours: 9 a.m. - 5 p.m. eastern time.

LUNG DISEASE

Lung Line
National Asthma Center
(800)222-5864
(303)355-LUNG in Denver

Answers questions about asthma, emphysema, chronic bronchitis, allergies, juvenile rheumatoid arthritis, smoking, and other respiratory and immune system disorders. Questions answered by registered nurses or other health professionals. A service of the National Jewish Center for Immunology and Respiratory Medicine. Service hours: 8 a.m. - 5 p.m. mountain time.

LUPUS

Lupus Foundation of America
(800)558-0121
(202)328-4550 in DC

Answers basic questions about the disease and provides health professionals and patients and their families with information and literature. Refers to local affiliates. Service hours: 9 a.m. - 5 p.m. eastern time.

MEDICARE/MEDICAID

DHHS Inspector General's Hotline
(800)368-5779
(301)597-0724 in MD

Handles complaints regarding fraud, waste, and abuse of government funds, including Medicare, Medicaid, and Social Security. Assists people who have been overbilled or billed for services not rendered. Service hours: 8:30 a.m. - 5 p.m., 7 days a week, eastern time.

ORGANS

See also **KIDNEY DISEASES** *and* **RETINITIS PIGMENTOSA**

The Living Bank
(800)528-2971
(713)528-2971 in TX

Operates a registry and referral service for people wanting to commit their tissues, bones, or vital organs to transplantation or research. Informs the public about organ donation and transplantation. Service hours: 24 hours, 7 days a week.

Organ Donor Hotline
(800)24-DONOR
(800)552-2138 in VA

Offers information and referrals for organ donation and transplantation. Answers requests for organ donor cards. Service hours: 24 hours, 7 days a week.

PARALYSIS AND SPINAL CORD INJURY

See also **HANDICAPS**

American Paralysis Association
(800)225-0292
(201)379-2690 in NJ

Answers questions about research on head and spinal injuries. Raises money to fund research to find a cure for paralysis caused by spinal and head injuries or stroke. Service hours: 9 a.m. - 5 p.m. eastern time.

National Spinal Cord Injury Association
(800)962-9629
(617)964-0521 in MA

Provides peer counseling to those suffering from spinal cord injuries and makes referrals to local chapters and other organizations. Produces the National Resource Directory that deals with topics helpful to handicapped individuals. Service hours: 9 a.m. - 5 p.m. eastern time.

Spinal Cord Injury Hotline
(800)526-3456
(800)638-1733 in MD

Offers literature on spinal cord injuries, including a quarterly newsletter, and makes referrals to organizations and support groups. A service of the Maryland Institute for Emergency Medical Services Systems. Service hours: 8 a.m. - 4 p.m. eastern time.

PARKINSON'S DISEASE

National Parkinson Foundation
(800)327-4545
(800)433-7022 in FL
(305)547-6666 in Miami

Questions about the disease answered by nurses. Also makes physician referrals and provides written materials. Service hours: 8:30 a.m. - 5 p.m. eastern time.

Parkinson's Education Program
(800)344-7872
(714)640-0218 in CA

Provides materials such as newsletters, glossary of definitions, and publications catalog, and offers patient-support group information and physician referrals. Service hours: 24 hours, 7 days a week.

REYE'S SYNDROME

National Reye's Syndrome Foundation
(800)233-7393
(800)231-7393 in OH

Provides general information and referrals to families for peer counseling. Service hours: 8:30 a.m. - 5:30 p.m. central time.

SAFETY

Consumer Product Safety Commission
(800)638-CPSC
(800)638-8270 TDD
(800)492-8104 TDD in MD

Answers questions and provides material on consumer product safety, including product hazards and product defects and injuries sustained in using products. Covers only products used in and around the home, excluding automobiles, foods, drugs, cosmetics, boats, and firearms. Service hours: 8:30 a.m. - 5 p.m. eastern time.

National Child Safety Council.
See CHILDREN

National Highway Traffic Safety Administration
(800)424-9393
(202)366-0123 in DC

Provides information and referral on the effectiveness of occupant protection, such as safety belt use and child safety seats, and auto recalls. Staffed by experts who investigate consumer complaints and provide assistance to resolve problems. Gives referrals to other Government agencies for consumer questions on warranties, service, and auto safety regulations. Service hours: 8 a.m. - 4 p.m. eastern time.

National Safety Council
(800)621-7619 for placing orders
(312)527-4800 in IL

Provides posters, brochures, and booklets on safety and accident prevention. Service hours: 8:30 a.m. - 4:45 p.m. central standard time.

SICKLE CELL DISEASE

National Association for Sickle Cell Disease
(800)421-8453
(213)936-7205 in CA

Offers genetic counseling and an information packet. Service hours: 8:30 a.m. - 5:30 p.m. Pacific time.

SPINA BIFIDA

Spina Bifida Information and Referral
(800)621-3141
(301)770-7222 in MD

Provides information to consumers and health professionals and referrals to local chapters. A service of the Spina Bifida Association of America. Service hours: 9 a.m. - 5 p.m. eastern time.

SUDDEN INFANT DEATH SYNDROME

National SIDS Foundation
(800)221-SIDS
(301)459-3388 or 3389 in MD

Provides literature on medical information and referrals, as well as information on support groups. Service hours: 8:30 a.m. - 5 p.m. eastern time.

SURGERY

National Second Surgical Opinion Program Hotline
(800)638-6833
(800)492-6603 in MD

Helps consumers locate a specialist near them for a second opinion in non-emergency surgery. A service of the Health Care Financing Administration, U.S. Department of Health and Human Services. Service hours: 8 a.m. - midnight, 7 days a week.

TOXIC SUBSTANCES

See also PESTICIDES

Asbestos Hotline
(800)334-8571

Answers questions and maintains a list of laboratories that test consumers' homes for asbestos. Also handles and maintains the U.S. Environmental Protection Agency's bulk sampling analysis program. A service of the EPA. Service hours: 9 a.m. - 5 p.m. eastern time.

TRAUMA

American Trauma Society (ATS)
(800)556-7890
(301)328-6304 in MD

Offers information to health professionals and the public on ATS activities. Answers questions about trauma and medical emergencies. Service hours: 9 a.m. - 5 p.m. eastern time.

URINARY INCONTINENCE

Simon Foundation
(800)23-SIMON

Provides a recorded message on incontinence and ordering information for a quarterly newsletter and other publications. Service hours: 24 hours, 7 days a week.

VENEREAL DISEASES

VD Hotline
(Operation Venus)
(800)227-8922

Provides information on sexually transmitted diseases and confidential referrals for diagnosis and treatment. A service of the American Social Health Association and the United Way. Service hours: 8 a.m. - 8 p.m. Pacific time.

Official Agencies (Tax-Supported)

1. United States Department of Agriculture, Bureau of Human Nutrition and Home Economics, Washington, D.C. 20250
2. United States Department of Health, Education, and Welfare, Washington, D.C. 20201

   Food and Drug Administration, Washington, D.C. 20204
   National Institute of Mental Health, Barlow Building, Chevy Chase, Maryland 20014
   National Institutes of Health, Bethesda, Maryland 20014
   Office of Education, Washington, D.C. 20202
   Public Health Service (Public Inquiries Branch), Washington, D.C. 20201
   Communicable Disease Center, Atlanta, Georgia 30333
   Welfare Administration--Children's Bureau, Washington, D.C. 20201

Professional Associations

1. American Association of Marriage Counselors, Inc., 30 East 42nd Street, New York, New York 10017
2. American Medical Association, Department of Health Education, 535 North Dearborn Street, Chicago, Illinois 60610
3. American Nurses' Association, Inc., 10 Columbus Circle, New York, New York 10019
4. American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037
5. American Public Health Association, Inc., 1740 Broadway, New York, New York 10019
6. American School Health Association, 200 East Main Street, Kent, Ohio 44240
7. National Alcoholic Beverage Control Association, 5454 Wisconsin Ave., Washington, D.C. 20015
8. National Education Association, 1201 Sixteenth Street, N.W. Washington, D.C. 20036
   American Assn..for Health, Physical Education, and Recreation
9. National Society for Medical Research, 1330 Massachusetts Avenue, N.W., Washington, D.C. 20005
10. Rutgers Center of Alcohol Studies, Rutgers - The State University, Box 560, New Brunswick, New Jersey 08903
11. Society of Public Health Educators, 81 Hillside Road, Rye, New York 10580

Voluntary Agencies

1. Al-Anon Family Group Headquarters, Inc., P.O. Box 182, Madison Square Station, New York, New York 10010
2. Alcoholics Anonymous, General Service Board, PO Box 459 Grand Central Station, New York, NY 10017
3. American Social Health Association, 1740 Broadway, New York, NY 10019
4. Association for Family Living, 6 North Michigan Avenue, Chicago, Illinois 60602
5. Maternity Center Association, 48 East 92nd Street, New York, NY 10028
6. Narcotics Anonymous, Box 2000, Lexington, Kentucky 40501
7. National Council on Alcoholism, 2 East 103rd Street, New York, NY 10029
8. National Council on Family Relations, 1219 University Avenue, S.E., Minneapolis, Minnesota 55414
9. National Interagency Council on Smoking and Health, PO Box 3654, Central Station, Arlington, Virginia 22203
10. North American Association of Alcoholism Programs, Suite 615, 1130 Seventeenth Street, N.W., Washington, D.C. 20036
11. Planned Parenthood - World Population (Planned Parenthood Federation of America, Inc.) 515 Madison Avenue, New York, NY 10022
12. Population Crisis Committee, 1730 K Street, N.W., Washington, D.C. 20006
13. Population Reference Bureau, Inc., 1735 Massachusetts Avenue, N.W., Washington, D.C. 20036
14. Sex Information and Education Council of the United States (SIECUS), 1855 Broadway, New York, NY 10023

Industry Sponsored and Commercial Associations

1. Abbott Laboratories, 14th and Sheridan Rd., North Chicago, Illinois 60064
2. Aetna Life Insurance Company, Information and Education Department, 151 Farmington Avenue, Hartford, Connecticut 06115
3. Automotive Safety Foundation, Ring Building, Washington, D.C. 20036
4. Bristol Laboratories, PO Box 657, Syracuse, New York 13201
5. CIBA Pharmaceutical Company, 556 Morris Avenue, Summit, New Jersey 07901
6. Colgate-Palmolive Company, 300 Park Avenue, New York, NY 10022

7. Connecticut Mutual Life Insurance Company, 140 Garden Street, Hartford, Connecticut 06105

8. Educators Mutual Life Insurance Company, PO Box 149, Lancaster, Pennsylvania 17604

9. Health Information Foundation, Center for Health Administrative Studies, University of Chicago, 555 So. Ellis, Chicago, Ill. 60636

10. Licensed Beverage Industries, Inc., 155 East 44th Street, New York, NY 10017

11. Eli Lilly and Company, Education Division, 740 South Alabama Street, Indianapolis, Indiana 46206

12. Mead Johnson & Company, Public Relations Department, 2404 Pennsylvania Avenue, Evansville, Indiana 47721

13. Merck Sharpe & Dohme, Division of Merck & Company, Inc., West Point, Pennsylvania 19486

14. Metropolitan Life Insurance Company, School Health Bureau, Health and Welfare Division, One Madison Avenue, New York, NY 10010

15. National Association of Retail Druggists, One East Wacker Drive, Chicago, Illinois 60601

16. E.R. Squibb and Sons, Division of Olin Mathieson Chemical Company, 909 Third Avenue, New York, NY 10022

17. Tampax, Inc., Educational Director, 161 East 42nd Street, New York, NY 10017

18. The Upjohn Company, 7000 Portage Road, Kalamazoo, Michigan 49002

19. Winthrop Laboratories, 90 Park Avenue, New York, NY 10016

20. Wyeth Laboratories, PO Box 8299, Philadelphia, Pennsylvania 19101

INDEX OF ORGANIZATIONS BY CONCERN

The groups listed under each of these headings stated that that particular teen issue is a priority for the organization and/or they have materials to offer on the subject. The organizations listed under "General" have established no particular national priority on these topics, but work with teens and their families on many fronts.

DRUG AND ALCOHOL ABUSE

American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Council for Drug Education
The American Legion
American Pharmaceutical Association
Association of Junior Leagues
B'nai B'rith Youth Organization
Boys Clubs of America
Elks Clubs
General Federation of Women's Clubs
Girl Scouts of the U.S.A.
International Association of Chiefs of Police
The Just Say No Foundation
Kiwanis International
Lions International
Mothers Against Drunk Driving
NBC
National Association of Broadcasters
National Association of School Nurses
National Association of State Alcohol and Drug Abuse Directors with the National Prevention Network
National Council of Juvenile and Family Court Judges
National Council on Alcoholism
National Education Association
National Federation of Parents for a Drug-Free Youth
National 4-H Council
National Highway Traffic Safety Administration
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National PTA
National High School Athletic Coaches Association
National Safety Council
Parent Resources and Information for Drug Education (PRIDE)
Pharmacists Against Drug Abuse
REACH
Reader's Digest
U.S. Department of Education
YWCA

TEEN SUICIDE

American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Association of Suicidology
The American Legion
American Psychiatric Society
B'nai B'rith Youth Organization
General Federation of Women's Clubs
Girl Scouts of the U.S.A.
National Association of School Nurses
National Coalition of Hispanic Health and Human Services Organizations
National Committee on Youth Suicide Prevention
National Education Asssociation
National Mental Health Association
National PTA
Suicide Information and Education Centre (Canada)
Youth Suicide National Center

TEEN PREGNANCY

American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American Nurses Association
Association of Junior Leagues
Boys Clubs of America
The Children's Defense Fund
Girls Clubs of America
Girl Scouts of the U.S.A.
Healthy Mothers/Healthy Babies Coalition
March of Dimes
National Association of School Nurses
National Education Association
National Organization on Adolescent Pregnancy and Parenting
National PTA
National Urban League
Office of Population Affairs
YWCA

DROPOUTS

American Association of School Administrators
American Council on Life Insurance
Association of Junior Leagues
Boys Clubs of America
National Alliance of Business
National Education Association
National PTA
National Urban League

GENERAL

ACTION
American Association for Counseling and Development
American Association of School Administrators
American Bar Association -- Juvenile Justice Project
American Federation of Teachers
Boys Scouts of America
The Children's Defense Fund
Education Commission of the States
Family Service America
National Council of Community Mental Health Associations
National 4-H Council
National Mental Health Association
The Quest National Center
Rotary International
Toughlove
United Way of America
YMCA

TYPES OF ORGANIZATIONS LISTED

YOUTH AND FAMILY

B'nai B'rith Youth Organization
Boy Scouts of America
Boys Clubs of America
The Children's Defense Fund
Family Service America
Girls Clubs of America
Girl Scouts of the U.S.A.
The Just Say No Foundation
March of Dimes
National Federation of Parents for Drug-Free Youth
National 4-H Council
Parent Resources and Information for Drug Education (PRIDE)
REACH
Toughlove
YMCA
YWCA

EDUCATION

American Association of School Administrators
American Federation of Teachers
Education Commission of the States
National Education Association
National PTA
National High School Athletic Coaches Association
The Quest National Center

FRATERNAL/COMMUNITY SERVICE

The American Legion
Association of Junior Leagues
Elks Clubs
General Federation of Women's Clubs
Kiwanis International
Lions International
National Council on Alcoholism
National Safety Council
National Urban League
Rotary International
United Way of America

PROFESSIONAL/MEDICAL

American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Association for Counseling and Development
American Association of Suicidology
American Bar Association (Juvenile Justice Project)
American College of Obstetricians and Gynecologists
American Nurses Association
American Pharmaceutical Association
American Psychiatric Society
Healthy Mothers/Healthy Babies Coalition
International Association of Chiefs of Police
National Association of School Nurses
National Council of Community Mental Health Associations
National Mental Health Association
National Organization on Adolescent Pregnancy and Parenting
Pharmacists Against Drug Abuse

MEDIA

NBC
National Association of Broadcasters
Reader's Digest

BUSINESS/GOVERNMENT

ACTION
American Council of Life Insurance
National Alliance of Business
National Association of State Alcohol and Drug Abuse Directors with the National Prevention Network
National Highway Traffic Safety Administration
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
Office of Population Affairs
U.S. Department of Education

OTHER

American Council for Drug Education
The Children's Defense Fund
Mothers Against Drunk Driving
National Coalition of Hispanic Health and Human Services Organizations
National Committee on Youth Suicide Prevention
Suicide Information and Education Centre
Youth Suicide National Center

"HEALTH SCREENING"

The following information is designed to give you an overview of school health screening.

HEARING

THE AUDIOMETER

The pure-tone audiometer is used for making individual hearing tests. The individual being tested must distinguish between a series of pure tones. These pure tones are calibrated by frequency (i.e. number of vibrations or cycles per second) and range from 125 cycles per second to 8000 cycles per second. The Intensity of sound is calibrated in terms of decibels (i.e. 1 decibel equals the least intensity or degree of loudness of any given tone at which that tone, or note, can be heard by the normal ear.) Generally the child is tested at an intensity of 25 decibels at various frequencies. A loss of more than 30 decibels or greater at 2 or more frequencies, or 40 decibels or greater at 1 frequency, is considered abnormal, and the child should be referred for further examination.

Although hearing screening, with the use of an audiometer, must be conducted by a qualified audiometrist, the audiometer, itself, can be employed as a meaningful learning opportunity in relation to instruction on hearing. It is useful in illustrating frequency, pitch, the sympathetic resonancy theory of hearing pitch, and hearing loss.

SIGNS OF HEARING DIFFICULTIES

A. Variations in Speech
   1. Substitution of sounds. Common errors: t for k; s for z; k for sk; and ts for s.
   2. Omission of sounds--chiefly final consonants.
   3. Careless and inaccurate production of all sounds.

B. Voice Qualities
   1. Abnormally high-pitched.
   2. Very soft.
   3. Dull, monotonous.
   4. Harsh, rasping, or metalic.

C. Physical Mannerisms

1. Turning the head to catch sounds with the better ear.
2. frowning constantly
3. Straining or leaning forward to hear speaker
4. Eyes constantly on lips of speaker rather than looking at their eyes.
5. Listlessness, frequent inattention.

D. Health Factors

1. Mouth breathing
2. Severe illness with communicable disease
3. running ear
4. Extreme fatigue early in the day.
5. Severe and continued respiratory infections.
6. Earache (may notice cotton in ear)

E. Personality

1. Lack of confidence
2. Extreme antisocial behavior
3. Extreme introversion
4. Frequent nervousness and irritation over minor details
5. Constantly on the defensive
6. Great changes in attitudes following illness

F. Achievement

1. Two or three years behind age level in school
2. Sudden failure following severe illness

Excerpt taken from a reprint from the California Journal of Elementary Education, Vol. XV, No. 1, August, 1946.-"The Classroom Teacher and The Pupil with a Hearing Loss"- page 58.

VISION

The Snellen Eye Test

Detailed procedures for administering the Snellen Eye Test will not be discussed here. Rather, some general considerations will be enumerated:

1. The Snellen Eye Test is a screening devise to determine how well a child can see - his visual aculty. acuity – not a diagnostic test
2. The Snellen Eye Test is not a diagnostic tool to determine the nature of eye or visual defects and should not be used as such. ks 1 step for referral
3. The teacher, if qualified, can and should assume responsibility for administering the test. In so doing, she can gain valuable information about her students, and she becomes more interested in the follow-up program.

4. The Snellen Eye Test should be combined with information gained from parent and teacher observation.
5. Observation of the pupil is just as important as, or perhaps more important than, the screening test.
6. Any physical evidence (red lids, styes, squinting, head tilting, eye-rubbing,etc.) of visual problems indicates the need for immediate referral.
7. Observation of what the child says about his eyes is also important. Any child who complains of a visual problem is also cause for concern and should be referred.
8. When administering the Snellen Eye Test, it is important to note:
   a. What the child has to say about his eyes.
   b. Signs of eye strain before and during the administration of the test.
   c. Voice and posture (hesitation and head tilting).
   d. The actual visual aculty reading or score.

J.T. Fodor

TEACHERS' GUIDE TO VISION PROBLEMS
With Check List

To aid teachers in detecting the children who should be referred for complete visual analysis, the American Optometric Association Committee on Visual Problems in Schools has compiled a list of symptoms-a guide to vision problems. The committee recommends:

1. That all children in the lower third of the class, particularly those with the ability to achieve above their percentile rating, be referred for complete visual analysis.

2. That every child in the class who, even though achieving, is not working up to within reasonable limits, of his own capacity be referred for a complete visual analysis.

Following are other symptoms which may indicate a visual problem, regardless of results in any screening test.

Observed In Reading:

Dislike for reading and reading subjects _____
Skipping or re-reading lines _____
*Losing place while reading _____
Slow reading or work calling _____
Desire to use finger or marker while reading _____
*Avoiding close work _____
*Poor sitting posture and position while reading _____
Vocalizing during silent reading, noticed by watching lips or throat _____
Reversals persisting in grade 2 or beyond _____
Inability to remember what has been read _____
Complaint of letters and lines "running together" or of words "jumping" _____
*Holding reading closer than normal _____
*Frowning, excessive blinking, scowling, squinting, or other facial distortions while reading _____
*Excessive head movements while reading _____
Poor perceptual ability such as confusing o and a; n and m; etc. _____

Other Manifestations:

Restlessnes, nervousness, irritability or other unaccounted for behavior _____
Writing with face too close to work _____
Fatigue or listlessness after close work _____
Inattentiveness, temper tantrums or frequent crying _____
Complaint of blur when looking up from close work _____
Seeing objects double _____
Headaches, dizziness or nausea associated with the use of eyes _____
*Body rigidity while looking at distant objects _____
Undue sensitivity to light _____
Crossed eyes-turning in or out _____
Red-rimmed, crusted or swollen lids _____
Frequent sties _____
Watering or bloodshot eyes _____
Burning or itching of eyes or eyelids _____
*Tilting head to one side _____
*Tending to rub eyes _____

Closing or covering one eye _____

Frequent tripping or stumbling _____

Poor hand and eye co-ordination as manifested in poor baseball playing, catching and batting or similar activities _____

*Thrusting head forward _____

*Tension during close work _____

Only a complete case study will determine whether inadequate vision is a significant factor in non-achievement.

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*Found to be particularly significant in a recent study.

GENERAL SIGNS

CUES AND CLUES IN BRIEF

Here are a ~~few signs of conditions~~ and examples of behavior that may provide clues to physical and emotional problems. While none of these are infallible, none ~~should be overlooked.~~ Extremes such as constantly disruptive behavior, continual unhappiness, inability to learn, are especially significant.

School Performance

Failure to achieve
Marked deterioration in work
Poor memory
Very careless work
Lack of interest
Poor reasoning
Compulsive neatness to the point that assignments are never completed

General Appearance

Very thin or overweight
Radical changes in weight
Unusual gait or limp
Uncleanliness
Very pale or flushed
Poor posture
Lethargic, unresponsive
Facial tic

Eyes and Ears

Discharge
Turning head to hear
Asking to have things repeated

Nose and Throat

Persistent mouth breathing
Frequent colds
Enlarged glands in neck
Nasal discharge

Skin and Scalp

Patches of very dry skin
Rashes and sores
Numerous pimples, blackheads
Nits on hair
Bald spots
Frequent scratching

Teeth and Mouth

Irregular teeth
Bad bite
Inflamed or bleeding gums
Cracked lips, especially at corners of mouth
Dental caries

General Behavior

Constant need for attention
Docile, apathetic, lethargic
Unusually timid, fearful
Aggressive, cruel
Excessive daydreaming, inattentive
Destructive
Temper tantrums
Cries easily
Depressed and unhappy
Restless, hyperactive
Slurred speech, stuttering, lisping

Behavior at Play

Easily fatigued
Breathless after moderate exercise
Lack of interest
Very clumsy
Poor coordination
Extremely excitable
Difficulty playing with others

Looking for Health, Metropolitan Life Insurance Co., 1969.

Criteria for Writing Measurable Objectives

A: AUDIENCE (Student/Learner orientation)

B: BEHAVIOR (ONE behavior)

C: CONTENT (ONE content)

D: DEGREE (Specify the criteria to which the behavior must be met)

E: CONDITION (Under what conditions must the behavior be performed?)

F: LEVEL OF LEARNER (is the behavior [task] and the content appropriate for the learner?)

G: INCLUSIVE LANGUAGE (is the language used culturally and gender unbiased?)

Writing Measurable Objectives

More Precise Terms		Less Precise Terms (almost impossible to measure)
Define	Interpret	Know
Distinguish	Describe	Realize
Recall	Name	Enjoy
Recognize	Construct	Believe
Demonstrate	Compare	Understand
Apply	Translate	Appreciate
Organize	State	Value
Discuss	Illustrate	Comprehend
Identify	Summarize	Feel
List	Classify	Respect
Diagram	Plan	Appreciate the fact
Select	Acquire	Consider
Order	Write	Acknowledge
Explain	Differentiate	Demonstrate enthusiasm
Categorize	Critique	Characterize

GLOSSARY OF BEHAVIORAL TERMS

Instructional objectives specify measurable cognitive skills in connection with some amount of significant subject matter to be learned. The cognitive skills describe what the learner will be able to do when the learning activities have been completed. In order to ensure consistency of their interpretation, each of the behaviors has been defined as follows:

1. KNOWLEDGE

   1.1 Naming : Designating or referring to an idea or object by its correct title or name.

   1.2 Defining : Stating the meaning or meanings of a word.

   1.3 Listing : Recording a series of items or ideas that have no fixed order.

2. COMPREHENSION

   2.1 Explaining: Communicating comprehension of facts and concepts, or function and structure of things.

   2.2 Comparing : Determining similarities or differences among objects or ideas.

   2.3 Identifying: Recognizing typical objects, activities, structures or ideas according to stipulated descriptions.

   2.4 Classifying: Determining membership in a group or category according to a set of criteria.

   2.5 Describing : Giving a detailed account of an object or idea; to picture in words.

   2.6 Differentiating: Distinguishing between two or more somewhat similar objects or ideas.

   2.7 Interpreting: Grasping the thought of a work as a whole and communicating its meaning in a new way.

3. APPLICATION

   3.1 Illustrating: Making a statement that captures the essence of an idea. Creative in nature, this behavior may involve writing, drawing, acting or demonstrating.

   3.2 Predicting: Proposing future outcomes based on knowledge of generalizations, rules, procedures, accepted methodology.

4. ANALYSIS

   4.1 Analyzing : Breaking down a concept into its separate parts are made clear.

5. SYNTHESIS

   5.1 Synthesizing: Combining existing data and information in such a way as to produce a new product or plan.

6. EVALUATION

   6.1 Evaluating: Making quantitative and qualitative judgments according to a set of specified criteria.

Preface

In preparing the *Health Instruction Framework for California Public Schools*, the Curriculum Framework Criteria Committee on Health followed the guidelines outlined in *California Curriculum Frameworks: A Handbook for Production, Implementation, and Evaluation Activities*, which was approved by the State Board of Education in 1976. Within the context of those guidelines, the health framework will serve many purposes; for example, it will serve as a:

- Structure within which local school districts plan and develop their courses of study
- Guide for offices of county superintendents of schools and local school districts in evaluating health curriculum and instructional programs
- Basis for the development of criteria for the selection of instructional materials in health
- Foundation for inservice training programs in health education

However, this framework was not designed as an instructional guide for classroom teachers.

This framework complies with the provisions of sections 51002, 60028, and 60204 of the California Education Code. (See Appendix B, Selected References, for the cross reference to the old Education Code section numbers.) The intent of Education Code Section 51002, passed by the California Legislature in 1968, is to reinforce local school district authority to evaluate, modify, and improve the curriculum and, at the same time, to recognize some commonality of curriculum. Section 60028 defines a *curriculum framework*, and Education Code Section 60204 identifies the roles of the Curriculum Development and Supplemental Materials Commission; the Legislature passed both of these Education Code sections in 1972.

The California State Board of Education adopted policies, based upon Education Code Section 51002, for the development of curriculum frameworks in subject areas commonly taught in the public schools. Health education is one of the subject areas. To produce the health framework, the Board (1) followed established policies regarding the development of frameworks; (2) authorized the development of the *Health Instruction Framework for California Public Schools;* and (3) adopted the framework for use in California's public schools.

According to Education Code Section 60204, the Curriculum Development and Supplemental Materials Commission "shall recommend curriculum frameworks to the state board." To produce this curriculum framework, the commission (1) established the Curriculum Framework Criteria Committee on Health and appointed its members; (2) provided guidelines for the production of this framework; (3) approved this framework; and (4) recommended to the State Board of Education that the framework be adopted.

As discussed in the "Background and Acknowledgment" section of this document, the Curriculum Framework Criteria Committee on Health determined that the 1970 edition of the framework should be redrafted. In making that assessment, the committee obtained new data from a series of fact-finding activities that identified the framework's strengths and weaknesses. In addition the committee (1) determined the health needs of children and youth in California public schools; (2) reviewed the current literature in health education; (3) studied applicable learning theories; (4) considered critical health issues; (5) observed successful school health education programs; and (6) identified trends in the field of health education.

After analyzing the new data, the committee (1) prepared, with the assistance of consultants, the material for this framework; (2) employed a writer to compile the

Introduction to the Framework

In this section, which complies with the outline for curriculum frameworks, the role of the health subject area in the curriculum is stated and its relationship to other subject areas is discussed. Applicable state codes are listed, and recent developments and trends in health are illustrated.

Role of Health Instruction in the Curriculum

Within the total school curriculum, the role of health instruction is to assist students to develop their potential for assuming increasing responsibility for their health and the health of others. Those who provide instructional leadership must offer equal learning opportunities for both sexes, for all ethnic and socioeconomic groups, and for the handicapped.

Successful health instruction programs have the capability of:

- Fostering learning in the school-community environment
- Encouraging appropriate utilization of the health care system
- Favorably influencing expenditures for health and for education on a long-term basis
- Enhancing the quality of life for both present and future generations
- Contributing to a stronger and healthier nation and state

Relationship of Health to Other Subject Areas

The California Education Code Section 51210 states that "the adopted course of study for grades 1 through 6 shall include instruction, beginning in grade 1 and continuing through grade 6, in . . . health, including instruction in the principles and practices of individual, family, and community health." However, no mention is made of the appropriate relationships of health to other subject areas listed within the course of study.

The courses of study for grades seven through twelve, as described in Education Code Section 51220, do not include health as one of the courses that shall be offered. However, a course of health "may be prescribed by the governing board." Furthermore, instruction in health is required at both the elementary and secondary school levels. (See Education Code Section 51202.)

The significant fact is that most of the health content areas are mandated by the state, and these areas should be effectively interrelated with each other and with other curriculum areas. Questions of kinds of interrelationships with other subjects are not answered in this framework. Responses to these questions remain the prerogative of local school districts. Much rests, therefore, with the quality of local school district leadership.

Legal Basis for Health Instruction

The California Education Code and Title 5 of the California Administrative Code provide a legal basis for health instruction in California public schools. For listings of applicable code sections, see Appendix B, Selected References. This appendix also provides a cross reference of the old Education Code section numbers to the new numbers cited in this framework. The newly organized and numbered code became effective on April 30, 1977.

Recent Developments and Trends

For the subject of health to be a dynamic force in the lives of young people, instruction must be reflective of an ever-changing society and environment. To illustrate this point, examples of recent developments and trends are provided:

A Philosophy for Health Education in California Public Schools

Individual Health

Healthy individuals are essential for an effective society. To achieve optimal health, an individual needs a breadth of knowledge about health and, more important, the motivation necessary to apply that knowledge to daily living. The individual needs to understand that information related to health is changing rapidly and must be validated continuously.

Individual Responsibility

Individuals in today's society should realize that it is important to assume responsibility for their own health, as well as for the health of their family and community.

Basic Understandings

In order to cope intelligently with various health problems, certain basic understandings are needed:

Basic Understandings Regarding Health

- Health is a state of physical, mental-emotional, and social well-being. It is dependent upon and is influenced by the interactions of these factors within the context of the individual's culture and ethnic background, values, life-style, and physical and mental make-up.
- Health is dynamic, ranging over an ever-changing continuum from wellness to disabling conditions to death.
- Health affects everything individuals do and the way they feel about themselves, others, and their environment.

Role of the School in Education for Health

- The school shares responsibility for education about health with the home and the community.
- One of the school's roles is to provide a health instruction program. The curriculum for this program is sequential from preschool through high school and is flexible to meet changing health needs and technology.
- The curriculum for an effective health instruction program will:
  1. Emphasize health as a high value in one's personal life.
  2. Motivate individual development of critical and rational thinking, decision making, and problem solving.
  3. Support personal health as a means of enabling individuals to achieve their highest potential.
  4. Motivate the individual to seek health information as it is needed.
  5. Aid the individual in becoming aware of the many available resources that help protect and promote well-being.
  6. Provide the students with sufficient information and resources pertaining to the functioning of their own body, mind, and environment to enable them to make rational and informed decisions.
  7. Increase skills in the selection and use of health products and services.
- Persons who are responsible for health instruction will:
  1. Have preservice and inservice preparation in health education.
  2. Show respect for the values and traditions of students from a variety of family, religious, and cultural backgrounds.

3. Build the program upon democratic values and principles.[1]
4. Protect the rights of individual students and their families, avoiding invasion of their privacy.[1]
5. Select methods of teaching that are appropriate to the developmental levels of the students and to the content areas being studied.

Mission of Health Instruction

The mission of the health instruction program is to enable students to become health-educated individuals. As informed individuals take the responsibility for incorporating scientific knowledge into their daily health practices, they may assume a responsible role in society, promoting community health and practicing conservation of human resources.

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[1]Refer to the *Handbook on the Legal Rights and Responsibilities of School Personnel and Students in the Areas of Moral and Civic Education and Teaching About Religion.* For a full bibliographical entry, see Appendix B.

Goals of Health Instruction

To promote the mission of health instruction, this framework contains two types of goals:

1. Broad multidisciplinary goals (process goals)
2. Content area goals[1]

Definition of Broad Multidisciplinary Goals

The three broad multidisciplinary goals are directed toward the fostering of process skills that promote optimal growth of learners, provide opportunities for self-actualization, and motivate the highest values (see Figure 1). The health instructional program is planned to enable students:

1. To grow in self-awareness. The students should be provided opportunities to develop a positive sense of identity and self-esteem so that the learners' self-concepts may be enhanced, not damaged, and so that they may experience success, not failure.
2. To develop skills for effective decision making. Such process skills involve the ability to recognize and clarify problems; to reason critically and creatively in developing and evaluating alternative solutions; and to choose and affirm solutions based on a system of values.
3. To grow in coping action. Coping behavior has to do with the ability of the individual to get along effectively in the world. To cope effectively means not only to possess the competencies to deal positively and creatively in handling life situations but also to be open or accepting of new experiences, to interact in resolving problems, and to participate through social action in the planning of new environments.

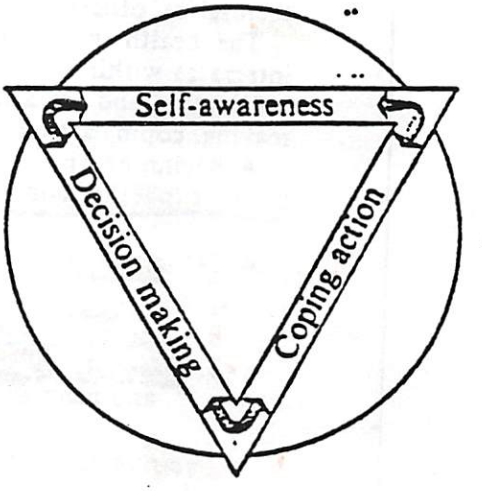


Fig. 1. Logo illustrating the interrelatedness of the three multidisciplinary goals

Definition of Content Area Goals

The content area goals are directed toward the attainment of the subject matter within each content area. The content area goals are defined as the general statements of intent associated with each content area.

Implementation of Goals

Both the broad multidisciplinary goals and the content area goals are implemented through selected learning experiences within the content areas of health instruction. For more details on this subject, refer to the sections in this framework titled "Integration of the Broad Multidisciplinary Goals into Health Instruction," page 17, and "Content Areas of Health Instruction," page 19.

[1]See Appendix C, Glossary of Terms, for definitions of the key words and phrases used in this framework.

Integration of the Broad Multidisciplinary Goals Into Health Instruction

A meaningful health instruction program requires that the teacher assess characteristics, health needs, and interests of students in relation to the developmental stage at which learning is taking place. Students come to school with different concepts, skills, and value systems. Value systems, ethnic background, perception of self, personal goals, and group pressures are some of the influences that affect the student's openness to changing behaviors.

The challenge to the teacher is to identify and be attentive to the numerous factors that influence behavior change. The focus of concern may be for information about the individual student or the status of the group as a whole.

The information gathered from the needs assessment becomes useful in developing health content and learning experiences. Important, and in concert with the content, is the careful blending of the process skills to assist students in making decisions with respect to themselves, others, and the environment.

The health instruction curriculum should be so designed that each learning experience integrates within the three broad multidisciplinary goals, which were described earlier in this publication and are also defined in Appendix C, Glossary of Terms: self-awareness, decision making, coping action.

A beginning approach in planning is to identify the essential aspects of learning to be brought together under each goal, such as the following:

- *Self-awareness*
  1. Concepts of self
  2. Concepts of society
  3. Concepts of health (Provide the knowledge essential to understanding of one's self and place in society which leads to self-awareness.)

- *Decision making*
  1. Intellectual (rational thinking) skills
  2. Problem solving
  3. Choosing from alternatives
  4. Relation to value system
  5. Critical thinking processes

- *Coping action*
  1. Social behavior of individuals and groups
  2. Attitudes and values which guide behavior, including the valuing process
  3. Work-study skills (preparation for effective action)
  4. Initiating action (to deal positively and creatively in managing life situations)

The integration of a problem statement within the three broad multidisciplinary goals is presented graphically in Figure 2. In studying Figure 2, a person should ask the following questions in a systematic manner:

1. What does the student need to know about health issues, problems, and concerns? (self-awareness)

2. What processes of reasoning, problem solving, and valuing must be used by the student in studying issues, problems, and concerns? (decision making)

3. What behavioral changes should one be able to observe when issues, problems, and concerns have been processed and learning has taken place? (coping action)

Specific problem statements for integration within the three broad multidisciplinary goals are presented graphically in figures 3 and 4. These goals are behaviors that speak to the changes anticipated in students. As each problem statement is viewed in relation to the goal and the maturity level of students, this question should be asked, "What can we have students do?"

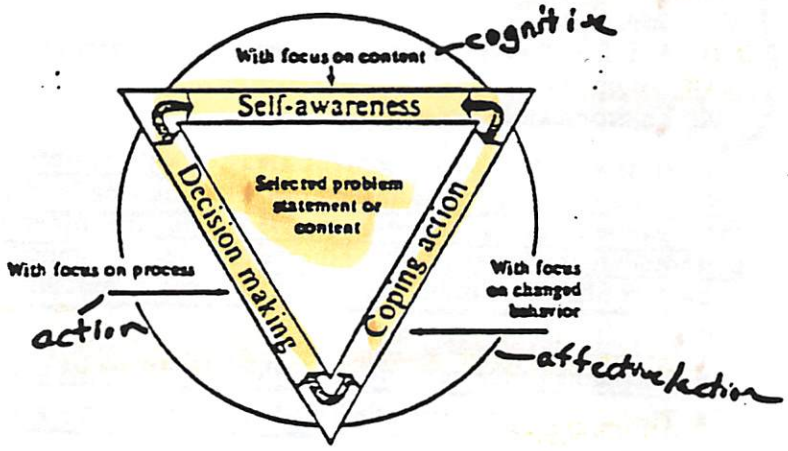


Fig. 2. Integration of a problem statement within broad multidisciplinary goals

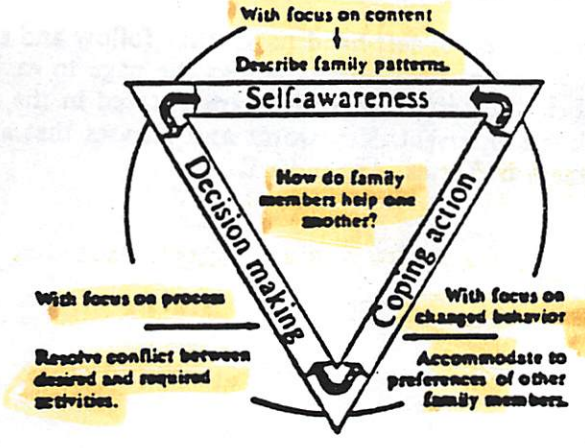


Fig. 3. Integration of a problem statement regarding family members

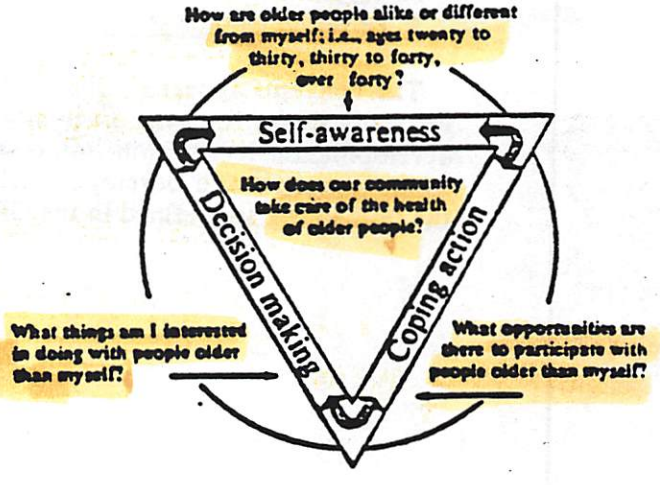


Fig. 4. Integration of a problem statement regarding health of older people

Content Areas of Health Instruction

This framework includes the following content areas of health instruction, each of which is defined in Appendix C, Glossary of Terms:

I. Personal Health
II. Family Health
III. Nutrition
IV. Mental-Emotional Health
V. Use and Misuse of Substances
VI. Diseases and Disorders
VII. Consumer Health
VIII. Accident Prevention and Emergency Health Services
IX. Community Health
X. Environmental Health

In reviewing the list of content areas, it will be observed that the initial focus is upon individuals first relating to themselves, then moving into interrelationships with others and their ever-expanding environment. However, the order in which the content areas are presented does not necessarily indicate their relative importance.

Each content area presented in this framework contains the following elements:

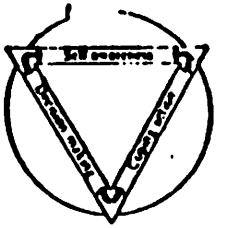
- Numeric identification
- The name of the content area, which identifies its nature
- The logo that displays the broad multidisciplinary goals within the content areas
- A statement of content area goals
- A list of selected concepts, each identified by appropriate topical headings
- Illustrative objectives and accompanying designations to the broad multidisciplinary goals of self-awareness (SA), decision making (DM), and coping action (CA)
- By design the objectives are not stated as specific measurable objectives since they set no standards of performance.
- Developmental levels and age categories of the learners to be served

The concepts appear on the even-numbered or left-hand pages that follow and are listed vertically down the page. Each concept relates horizontally across the page to each of the developmental levels from left to right. Illustrative objectives are entered in the matrices where concepts and developmental levels intersect. Key words and phrases that appear in the framework are defined in the Glossary of Terms, Appendix C.

III. Nutrition

Content Area Goals Students will:

- Develop an understanding that eating patterns are dependent upon interrelationships among physical, social, psychological, economic, and cultural factors.
- Consider alternatives in meeting nutritional needs and decide various ways to achieve good nutrition within this eating pattern.
- Develop eating patterns which contribute to wellness.



Concepts	Illustrative objectives according to developmental levels of students[1]				
	Preschool (ages three–five)	Early childhood (ages six–eight)	Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
A. Food Choices Daily food intake is related to the attainment of optimal health.	Relate food eaten to health and growth. (SA, DM) Demonstrate eating a variety of foods. (SA, CA)	Classify foods according to kinds, food groups, textures, sources, cultures, and traditions. (SA, DM) Describe individual variations in nutritional requirements at various times. (SA, DM)	Demonstrate the ability to make food choices according to nutrient content. (SA, DM) Recognize the effects of overeating and undereating upon the body weight and optimal health. (SA, DM) Explain the digestive process. (SA)	Evaluate one's daily food choices in terms of recommended nutritional needs and costs to optimal health. (SA, DM) Show how quality and quantity of food affect growth and development. (SA, DM)	Assess dietary needs and possible alternatives to maintain individual and family health. (SA, DM) Appraise the effects of food on behavior and performance. (SA, DM)
B. Factors Influencing Choices Life styles, peers, and individual family resources reflect similarities and differences in food choices.	Identify enjoyable experiences while eating in a social setting. (SA, CA) Relate how enjoyment and satisfaction are derived from food activities. (SA)	Compare similar and different foods from ethnic groups. (SA)	Illustrate the customs, traditions, and historical influences of different countries and cultures on personal food choices. (SA, DM) Describe the effects of food on a person's performance and behavior. (SA, DM)	Examine factors influencing personal and family food choices. (DM) Investigate the ways people respond to the use of food as a way of reward, punishment, social acceptance, and personal fulfillment. (SA, DM)	Analyze the interrelationships of factors influencing personal food choices (SA, DM) Discuss the effects of nutrition and drugs prior to and during pregnancy. (SA, DM)
C. Food-related Careers The food industry offers many employment and career opportunities.	Identify people who grow and prepare foods. (SA)	Explain the roles of people who produce, process, market, and prepare foods. (SA, DM)	Participate in scientific experiments related to foods. (SA, DM)	Analyze ways in which developments in food affect options in career and employment opportunities. (SA)	Propose job opportunities related to the field of food and nutrition. (SA, DM)
D. Consumer Competencies Effective utilization of existing resources may enhance potential for satisfying individual and family nutritional needs and wants.	Name foods seen in a market which contribute to health and enjoyment. (SA)	Select a food and relate the reasons for making the choice. (DM)	Evaluate the usefulness of words and pictures on food packages. (SA, DM) Compare and contrast the cost of various foods to their nutritional value. (SA, DM)	Evaluate the impact of advertising on food choices. (SA, DM) Appraise efforts which encourage a continuous relationship between the supply of food and the environment. (SA)	Describe resources that may be used in developing alternatives for satisfying dietary needs and budgetary constraints. (SA, DM) Formulate ways of interacting with the food production and delivery system in promoting consumer rights and interests.
E. Food Protection The quality and safety of foods are influenced by the handling, processing, and preparing of foods.	Illustrate practices of cleanliness before handling and storing foods. (SA, CA)	Explore situations in the school or home environment which affect the cleanliness and safety of food. (SA, DM)	Specify practices that affect food quality. (SA, DM)	Assess the contributions of the government and other agencies in alerting the public about the safety level of food products. (SA, CA)	Analyze laws and standards related to the safeguarding of foods and the legal recourse for food protection. (SA, CA)

[1] In each illustrative objective, the subject is "students." Applicable broad multidisciplinary goals are related to each illustrative objective and are identified by the appropriate abbreviation. SA for self awareness; HM, decision making; and CA, coping actions. See Appendix C, Glossary of Terms, for definitions of these terms and other key words used in this framework.

NOTE: The applicable California Education Code sections for the nutrition content area include 51202 and 51210. For further information regarding the Education Code, see the appropriate entry in Appendix B, Selected References.

SCHOOL HEALTH EDUCATION STUDY

Objective

The student will be able to design a curriculum plan by using the SHE study curriculum guide.

The SHE Study

The School Health Education Study consisted of two phases. The first phase was a random, nationwide survey of instructional practices and health curriculum that was being used in the public schools. The survey revealed many areas that had no health programs and many of the curriculum plans studied showed repetition and neglect. The second phase of the study was the development of a complete, comprehensive curriculum guide. The guide is based on a conceptual framework. The concepts themselves are not taught, but serve as instruments for a framework of facts, ideas, generalizations, and values. One of the goals was to establish a curriculum model that would stay relatively stable throughout time, that would not require complete or major reorganization with new advances in the health field.

The Curriculum Model

The model begins with Health--a comprehensive, unified concept. Health represents a tri-dimensional concept in this model.

1. Health as a unity of man's
   - physical well being
   - mental well being
   - social well being
2. Health behavior as
   - knowledge
   - attitudes
   - practices
3. Focus of Health Education as
   - individual
   - family
   - community

Three Key Concepts

The model breaks into three Key Concepts of health that represents a life cycle which is typical of every individual. These three concepts represent unifying thread of the curriculum which characterize the processes underlying health. These Concepts are:

1. Growing and Developing
2. Interacting
3. Decision Making

The Ten Concepts

From the three key concepts the model breaks into the Ten Concepts which become the major organizing elements of the curriculum. They reflect the scope of health education as a discipline.

Subconcepts

The model now breaks down further into subconcepts. These are the supporting ideas that serve as guides for selecting and ordering the subject matter in health education.

Long Range Goals

From subconcepts the model breaks into Long Range Goals. These are goals the student is expected to reach at the end of the complete instructional sequence using the SHE study. The goals have been developed in terms of three domains, cognitive (knowledge), affective (attitudes), and action (practices).

Behavioral Objectives

The last step of the model is the Behavioral Objectives, or specific ways in which the student should be able to think, feel, and act. The objectives are broken down into four progression levels which represent grade levels.

Level One = grades K-3
Level Two = grades 4-6
Level Three = grades 7-9
Level Four = grades 10-12

The Curriculum Guide — from 3M company

When this curriculum guide was available it could be purchased for about one-hundred and twenty dollars. The guide consisted of a book entitled, Health Education, a Conceptual Approach to Curriculum, a chart which represents the breakdown of the concepts and objectives, forty teaching-learning guides (one for each level and concept), ten teacher-student resource guides (one for each concept), and overhead transparencies that can be used in the lesson plans.

The book, Health Education, a Conceptual Approach, is probably the first component of the guide to be studied by the teacher. It explains how the SHE study developed and how to use the various components of the guide.

The teaching-learning guides are broken down into four progression levels with one book for each concept. At the beginning of each guide book there is a section entitled, "Effective use of the Teaching-Learning guides." This section explains the use of the guide, content and description, how the concepts interrelate, and adaptability of the guides. The next section is a breakdown of the concepts, subconcepts, long range goals, and behavioral objectives in chart form. The remainder of the guide deals directly with building a curriculum plan. The guide is divided into four columns.

The first column is labeled, "Behavioral Objectives and Content." The objective is stated first and then followed by related content that could be included in the lesson. This content is not all that could or should be included in a lesson plan. This section serves as a clue for the teacher as to what kind of material could be covered.

The next column is blank and labeled, "Teacher-Student Material." In this space a teacher can list related instructional materials that will be used in the lesson, or for notes regarding the objective.

"Behavioral Objectives and Learning Opportunities" column provides suggestions for class participation activities that will enhance the students' ability to relate to the objectives. This section is used as much or as little as the teacher wishes. These activities are designed to help students develop skills in thinking and problem solving. Techniques in this section include vocabulary, group discussions, class projects, games, filmstrips, films, transparencies, and more.

The "Behavioral Objectives and Evaluation Activities" column suggests various subjective techniques for evaluation. It includes things such as interviews, inventories, questionnaires, and rating scales.

The teacher-student resource books are for instructional material which includes pamphlets, posters, charts, addresses of sources, publication lists, periodicals, books, reports, journals, magazines, films, filmstrips, slides, scripts, tapes, and transparencies. Most of the resources listed are generally geared toward adults, however some material may be appropriate for students to use as reference material for reports or research. This material is marked or coded with a "T" for teacher.

Content areas.

THE TEN CONCEPTS --- THE SCHOOL HEALTH EDUCATION STUDY:

1. Growth and development influences and is influenced by the structure and functioning of the individual.
2. Growing and developing follows a predictable sequence, yet is unique for each individual.
3. Protection and promotion of health is an individual, community, and international responsibility.
4. The potential for hazards and accidents exists, whatever the environment.
5. There are reciprocal relationships involving man, disease, and environment.
6. The family serves to perpetuate man and to fulfill certain needs.
7. Personal health practices are affected by a complexity of forces, often conflicting.
8. Utilization of health information, products, and services is guided by values and perceptions.
9. Use of substances that modify mood and behavior arises from a variety of motivations.
10. Food selection and eating patterns are determined by physical, social, mental, economic, and cultural factors.

GROWING HEALTHY
HEALTH EDUCATION CURRICULAR PROGRESSION CHART
(curriculum guide)

GROWTH AND DEVELOPMENT	MENTAL / EMOTIONAL HEALTH	PERSONAL HEALTH	FAMILY LIFE AND HEALTH*	NUTRITION
Structure and function of the systems of the body; their interdependence and contribution to the healthy functioning of the body as a whole; reciprocal relationships between growth and development.	Ability to handle stress appropriately; to apply problem-solving skills to the resolution of individual and family concerns; achievement of a positive self-concept that respects the right of others to be different; and acceptance of responsibility for his/her own health as well as for that of others.	Development of positive health care habits; includes grooming, physical fitness, and other personal health practices that help maintain the body and promote overall wellness.	Exploration of the roles and interactions of individuals within the family life cycle; responsibilities and privileges experienced by each family member; physical, mental and social changes anticipated for each person from birth to death; the family's responsibility for the healthy maturation and socialization of children.	Sources of the principal nutrients; functions of food in meeting body needs; essential components of a balanced diet; significance of eating a wide range of foods; potential influence of food fads and fallacies on nutrition.
Lifestyle Goals The individual: • Appreciates the contribution of each of the body systems to the survival and health of the total system; • Views growth and development as a lifelong process fostered by responsible behavior.	**Lifestyle Goals** The individual: • Exhibits a positive self concept; • Expresses emotions comfortably and appropriately; • Weighs potential benefits against possible consequences before choosing one action over another; • Communicates and cooperates effectively with others; • Develops and maintains interpersonal relationships.	**Lifestyle Goals** The individual: • Adheres to a lifestyle that promotes personal well-being; • Pursues leisure time activities that promote physical fitness and relieve mental and emotional tension; • Follows health care practices that prevent illness and maintain health.	**Lifestyle Goals** The individual: • Respects the rights and privileges of every family member; • Adjusts appropriately to changing physical, mental and social roles, responsibilities and privileges as they occur throughout the life cycle; • Deals comfortably and appropriately with the demands of his or her own gender; • Communicates effectively as a member of a family or society; • Supports the belief that the health of all children is an individual, family, and community responsibility.	**Lifestyle Goals** The individual: • Eats a daily diet that provides adequate nutrients for the maintenance of health; • Selects food representative of a wide range of food stuffs; • Balances calorie intake with energy needs; • Avoids dependence upon food fads as the sole criterion for diet choices or meal planning.

GROWING HEALTHY
HEALTH EDUCATION CURRICULAR PROGRESSION CHART

DISEASE PREVENTION AND CONTROL	SAFETY AND FIRST AID	CONSUMER HEALTH	DRUG USE AND ABUSE	COMMUNITY HEALTH MANAGEMENT
Factors contributing to the development of chronic, degenerative, and communicable diseases and disorders; methods for the detection, prevention, and/or control of cardiovascular disease, digestive and respiratory disorders, sexually transmitted diseases, cancer, and other such health problems.	Methods for the identification and elimination of hazardous conditions or situations; rules and procedures for safe living in the home, school, and community; patterns of behavior promoting accident prevention; techniques for first aid and emergency care.	Forces influencing an individual in the selection of health information, products, and services; delineation of criteria for those selections; evaluation of commercial appeals motivating the sale and purchase of health-related products and services.	Beneficial and appropriate versus harmful and inappropriate uses of mood modifiers such as opiates, cannabis, amphetamines, barbiturates, hallucinogens, tranquilizers, tobacco, alcohol, and volatile substances, including those medications commonly sold over the counter either with or without a prescription.	Ways the individual can effectively contribute to the solution of community-wide health problems such as: environmental pollution, spread of disease, and waste disposal; protection of environmental resources; functions of voluntary, official, professional and other health organizations; community health career opportunities.
Lifestyle Goals The individual: • Adheres to a lifestyle that promotes well-being and minimizes exposure to known risk factors; • Maintains immunizations of self and family at recommended levels of effectiveness; • Seeks preventive measures such as examinations at specified intervals.	**Lifestyle Goals** The individual: • Takes steps to correct hazardous conditions when possible; • Follows rules and procedures recommended for safe living; • Avoids unnecessary risk-taking behavior; • Applies correct emergency treatment when appropriate.	**Lifestyle Goals** The individual: • Chooses health products and services on the basis of valid criteria; • Accepts only that health information provided by recognized health authorities; • Utilizes services of qualified health advisors in the maintenance and promotion of his/her own health.	**Lifestyle Goals** The individual: • Adheres to medical recommendations in the use of drugs and medications; • Refrains from the abuse of potentially harmful drugs; • Obeys laws and regulations regarding the use of controlled substances.	**Lifestyle Goals** The individual: • Obeys laws and regulations designed to protect the health of the community; • Contributes to community programs designed to promote community health; • Accepts responsibility as a citizen in supporting the activities and programs of community health workers; • Avoids any personal action that might contribute to the deterioration of the environment.

DE	GROWTH AND DEVELOPMENT	MENTAL / EMOTIONAL HEALTH	PERSONAL HEALTH	FAMILY LIFE AND HEALTH*	NUTRITION
	Curriculum Level Objectives The student: 1. Describes the growth and development of healthy teeth and gums. 2. Explains the structure and function of teeth.	**Curriculum Level Objectives** The student: 1. Names ways in which people are the same as and different from other people. 2. Describes the relationship between feelings and senses. 3. Defines the meaning of friendship.	**Curriculum Level Objectives** The student 1. Defines the meaning of personal health practices. 2. Describes ways that health care practices promote physical, mental, and social health.	**Curriculum Level Objectives** The student: 1. Describes things that parents do to promote the health of the family.	**Curriculum Level Objectives** The student: 1. Names foods that contribute to strong bones and teeth. 2. Lists many kinds of foods.
	1. Names major body parts. 2. Describes the kinds of information provided by each of the senses.	1. Explains ways people are unique. 2. Describes positive qualities of self and others. 3. Differentiates between acceptable and unacceptable behavior.	1. Identifies personal health practices that can protect the health of self and others. 2. Explains the importance of regular visits to health advisors.	1. Explains the function of a family. 2. Describes various kinds of families. 3. Explains ways each family member can help the family work together as a unit.	1. Lists sources of commonly eaten foods. 2. Explains the role of breakfast in providing energy for work and play. 3. Identifies appropriate foods for healthful snacks.
	1. Describes the structure and function of the eye and ear.	1. Differentiates between pleasant and unpleasant emotions. 2. Compares responsible with irresponsible expressions of emotions. 3. Illustrates ways emotions are revealed through physical reactions.	1. Explains benefits of personal health care practices. 2. Lists reasons for regular visits to the dentist. 3. Describes ways to protect the eyes, ears, gums, and teeth.	1. Explains why family members should be considerate of each other. 2. Explains ways family membership changes. 3. Describes ways friends help each other.	1. Describes individual and ethnic variations in food choices. 2. Describes sources of different kinds of foods. 3. Explains how certain foods can be harmful to oral health.
3	1. Lists characteristics common to all living things. 2. Describes the balanced relationships among body systems. 3. Illustrates ways the skeletal and muscular systems work together.	1. Describes how one person's behavior can help or harm others. 2. Illustrates similarities and differences among people. 3. Describes personal health responsibilities.	1. Explains individual needs for exercise, relaxation, and sleep. 2. Describes physical, mental, and social implications of cleanliness. 3. Defines the meaning of personal fitness. 4. Identifies characteristics of good posture.	1. Explains the responsibilities and privileges of each family member. 2. Identifies unique social and physical characteristics of girls and boys. 3. Describes different kinds of friendships.	1. Classifies foods according to their principal nutrients. 2. Illustrates food combinations that provide a balanced daily diet. 3. Explains why certain foods have limited nutritional value.
4	1. Describes the functions of body cells in the production of energy. 2. Explains how growth and development occurs at the level of the cell. 3. Describes the structure and function of the digestive system.	1. Illustrates the importance of physical and psychological need satisfaction. 2. Explains the relationship between physical well-being and mental/emotional health.	1. Illustrates correct dental health practices. 2. Analyzes the relationship between fitness and diet.	1. Describes the growth spurt that occurs during adolescence.	1. Names energy sources common to all living things. 2. Describes the functions of the major nutrients. 3. Identifies factors that influence personal food choices. 4. Analyzes the nutritional worth of food choices for meals and snacks.
5	1. Explains the physiological needs of a cell. 2. Describes interdependence among body systems. 3. Describes the structure and function of the respiratory system.	1. Describes positive personality traits. 2. Explains the influence of peer pressure on behavior.	1. Explains how personal health behavior is influenced by that of peers and family members. 2. Describes physical advantages of good posture and regular exercise.	1. Explains the function of the reproductive system. 2. Describes the progression of the individual through the cycle of life.	1. Explains why a variety of foods is needed every day. 2. Explains how diet choices based upon food fads may provide inadequate nourishment.
6	1. Differentiates among kinds and functions of body cells. 2. Explains how body systems are interrelated in their functioning. 3. Identifies the role of blood in meeting cell needs for nourishment and excretion. 4. Describes the structure and function of the circulatory system.	1. Analyzes the influence of peer pressure on health choices. 2. Identifies positive and negative effects of stress. 3. Describes constructive ways to help reduce stress. 4. Explains the significance of the problem-solving process in making health-related choices.	1. Describes physical, social and emotional benefits of regular exercise and fitness. 2. Compares immediate and long-range effects of personal health care choices.	1. Describes changes in physical, social, and mental/emotional characteristics that occur during adolescence.	1. Explains why nutrition requirements vary from person to person. 2. Illustrates the function of nutrients in building strong bodies. 3. Interprets physical and mental consequences of a poorly balanced diet.
7	1. Compares the functions of the cell to the functions of the total organism. 2. Explains the function of the nervous system in controlling and coordinating body systems. 3. Explains the function of hormones in regulating body systems. 4. Describes the basic structure and function of the nervous system.	1. Analyzes the interrelationship among physical, mental/emotional and social well-being. 2. Describes the function of emotions in producing and relieving tension. 3. Describes the importance of setting realistic personal goals.	1. Identifies areas in which personal patterns of health care may need improvement or change. 2. Synthesizes a plan combining regular physical activity with personal health habits that promote and maintain total health.	1. Describes the reproductive processes. 2. Explains why some adolescents begin the growth spurt earlier than others. 3. Analyzes the effect of the mother's health on prenatal development and birth of her child. 4. Identifies ways to cope with family conflicts common during adolescence. 5. Identifies social and cultural forces in the development of responsible health behavior.	1. Evaluates individual diets according to nutritional requirements of adolescents. 2. Explains the relationship between calorie intake and level of activity to body weight. 3. Analyzes implications of dependence on food fads and fallacies in selecting a diet. 4. Describes ways to lose weight safely.

DISEASE PREVENTION AND CONTROL	SAFETY AND FIRST AID	CONSUMER HEALTH	DRUG USE AND ABUSE	COMMUNITY HEALTH MANAGEMENT	GRADE
rriculum Level Objectives e student: Describes germs. Names ways to avoid germs.	**Curriculum Level Objectives** The student: 1. Identifies safety hazards at home, at school, and in between. 2. Names places and people who can provide help if needed.	**Curriculum Level Objectives** The student: 1. Lists health products people commonly purchase. 2. Names people whose job it is to help keep us well.	**Curriculum Level Objectives** The student: 1. Names hazardous substances that people use or abuse. 2. Explains reasons for consulting adults before using an unknown substance.	**Curriculum Level Objectives** The student: 1. Defines *pollution.* 2. Names sources of air pollution. 3. Explains how people can work together to solve problems.	K
Explains the difference between illness and wellness. Names ways to break the communicable-disease cycle.	1. Explains the importance of having playground safety rules. 2. Describes how the senses help protect us from accidents and injury. 3. Explains how to obtain help in an emergency.	1. Explains ways TV advertising influences choices of foods and other products.	1. Describes correct uses of medicine. 2. Explains how use of unknown substances can be hazardous. 3. Names methods of identifying potentially hazardous substances.	1. Describes characteristics of a healthy community. 2. Names groups who help maintain and promote community health. 3. Describes ways the senses can be protected from air pollution.	1
Names diseases and disorders of the eyes, ears, gums, and mouth. Explains the functions of mechanical aids for vision, hearing, and dental health. Explains ways sound health habits help prevent disease.	1. Explains how to prevent accidental eye, mouth, and ear injuries. 2. Differentiates between hazards and accidents. 3. Describes basic first-aid treatment of eye, mouth, and ear injuries.	1. Describes the many kinds of health advisors.	1. Defines the term *drug.* 2. Explains why people choose to avoid certain mood modifiers such as tobacco.	1. Differentiates among kinds and sources of environmental pollution. 2. Describes ways to avoid hearing loss due to noise pollution.	2
Differentiates between communicable diseases and chronic—degenerative diseases. Describes preventive measures for injuries to bone and muscle tissue.	1. Explains the need for obeying safety rules at home, school, work, and play. 2. Describes personal responsibility for reducing hazards and avoiding accidents. 3. Explains accepted procedures of safe bicycle travel.	1. Identifies advertising methods used to promote the sale of health-related products. 2. Analyzes reasons for choosing health products commonly used.	1. Explains the difference between use and abuse of drugs. 2. Predicts the effect of certain drugs on physical, mental, and social functioning.	1. Identifies ways health agencies help in protecting health and the environment. 2. Describes ways individuals can help keep a healthy school environment. 3. Identifies ways to help health agencies in the promotion of health.	3
Identifies problems and diseases that may interfere with the functioning of the digestive system. Explains the importance of good dental practices in the prevention of problems of the mouth, teeth, and gums. Explains ways digestive upsets and diseases may be avoided.	1. Describes ways to handle and store foods in a sanitary manner. 2. Explains reasons for appropriate fire safety measures.	1. Interprets the meaning of nutritional information provided on food labels. 2. Explains how information contained on a label can be used in selecting health products.	1. Describes effects of drugs on organs of the body. 2. Identifies similarities and differences between drugs and foods. 3. Explains the relationship between drug use and nutritional status.	1. Identifies causes of water pollution. 2. Describes community facilities and procedures that ensure safe water supplies and sanitary trash and sewage disposal.	4
Describes ways to prevent diseases of and injuries to the respiratory system. Explains how lifestyle choices help reduce the risk of cancer.	1. Demonstrates the ability to provide rescue breathing. 2. Describes procedures for saving a choking victim. 3. Explains the importance of playing safely in and around water.	1. Analyzes methods used to sell health products and services. 2. Differentiates between health quackery and sound medical practice.	1. Analyzes the effects of drugs on the functioning of body systems. 2. Describes effects of the use of drugs that may be inhaled. 3. Explains the necessity of sound decisions concerning the use of any drug.	1. Describes methods used to control environmental pollution. 2. Identifies individual and community responsibilities in the control of environmental problems.	5
Describes disorders and diseases that may harm the circulatory system. Analyzes the relationship of certain risk factors to the occurrence of heart disease. Explains how lifestyle choices help reduce the risk of heart disease.	1. Describes the importance of following appropriate first-aid measures for bleeding and shock.	1. Explains why prescriptions for medications and other professional advice must be carefully followed. 2. Identifies sources of reliable health information and services. 3. Identifies sales appeals used in media promotion of health-related products.	1. Describes hazards associated with the use of any drug. 2. Describes reasons why some people abuse drugs.	1. Explains the role of community health agencies in protecting and promoting the health and safety of community members. 2. Describes ways in which improving the environment can enhance physical, mental, and social health.	6
Describes measures for the prevention and control of chronic and neurological disorders. Explains the function of immunization in preventing disease. Describes ways to prevent or control sexually transmitted diseases.	1. Lists, in order, the first-aid steps to be taken when accidents occur. 2. Explains the relationship between unnecessary risk taking and accidents.	1. Describes the role and function of official consumer protection agencies. 2. Identifies criteria for the selection of an appropriate health advisor. 3. Interprets data provided on prescription and over-the-counter drug labels.	1. Analyzes physical, mental, and social effects of drug abuse. 2. Identifies variables that modify the effect of a given drug dose. 3. Explains reasons for laws regulating drug use (including OTC, prescription, alcohol, tobacco, as well as illicit drugs). 4. Describes alternatives to the use of mood modifiers as a means to solving problems and initiating good feelings.	1. Describes community efforts in preventing and controlling disease. 2. Describes the importance of individual participation in community health activities. 3. Identifies career opportunities in the health field.	7

ddressed during the teacher training for these projects. Special explanatory and cautionary notes to the teacher are found at appropriate places within the teacher guides for PGHCP and SHCP.

Health Tips

A publication of the California Medical Education and Research Foundation, prepared and edited by physician members of the California Medical Association

221 Main Street
P.O. Box 7690
San Francisco,
CA 94120-7690

To *Health Tips* Recipients Who Are California Public School Teachers:

The California Medical Association and the California Department of Education have embarked on an innovative joint program to make *Health Tips* available to all of California's public schools. Under this new program, beginning in September, *Health Tips* will be distributed through your school district office, your county Office of Education or your Healthy Kids Regional Center. If you are unsure of how to contact these offices to request *Health Tips*, please call the state Office of Healthy Kids, Healthy California at 916/657-2810.

We appreciate your ongoing support of the *Health Tips* program and sincerely regret any inconvenience this change may cause. We hope that you will continue to use *Health Tips* and that you will encourage your colleagues also to use this valuable resource.

If you have questions about the *Health Tips* program, please feel free to call Susan Rawson at 415/882-5114 or Patty Lemley at 415/882-3317.

Comprehensive School Health Instruction.

Comprehensive school health instruction refers to the development, deliver and evaluation of a planned curriculum, pre-school through 12, with goals, objectives, content sequence, and specific classroom lessons which includes, but is not limited to the following major content areas:

- Community health
- Consumer health
- Environmental health
- Family life
- Mental and emotional health
- Injury prevention and safety
- Nutrition
- Personal health
- Prevention and control of disease
- Substance use and abuse.

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CHILDHOOD IMMUNIZATION CHECKLIST

As immunizations have virtually wiped out such childhood diseases as polio, many parents have become complacent and have failed to have their children immunized. But with the exception of smallpox, none of the major infectious diseases has been "wiped out." The number of reported outbreaks in the United States has been low precisely because of our strict immunization requirements. In recent years our country has received a tremendous influx of immigrants from countries where certain infectious diseases, such as polio and measles, are endemic. These diseases still pose a serious threat to unimmunized, or partially immunized children, and the recent decline in toddler immunization levels increases the opportunity for diseases to spread.

Only high childhood immunization levels can adequately protect the general population from illness. Though the California School Immunization Law requires that all children have their immunizations before entering school, about one quarter of all American preschoolers remain underimmunized at kindergarten entry. Because existing medical and educational institutions do not automatically reach children when they need vaccinations, from shortly after birth until 2 years of age, it is the parent's responsibility to make sure that their toddlers are adequately protected.

Immunization is particularly important now because outbreaks of measles, mumps, rubella and whooping cough have all occurred recently in unvaccinated U.S. populations. The number of U.S. measles cases rose from less than 1,500 in 1983 to almost 28,000 in 1990. The incidence of rubella increased five-fold between 1988 and 1990. Immunization is as low as 50 percent among 2-year-olds in some inner cities—many parents do not realize that they can get their children vaccinated *free* at some community health centers, children's clinics and public health clinics.

Are Vaccines Safe?

Parents may be concerned about a vaccine's safety. It is true that giving a vaccine is essentially injecting either a live or dead version of the virus itself into the body, but in small doses this guards *against* the disease by building up the body's immunity to it. The risk of a serious reaction to a vaccine is low; the risk from *not* vaccinating a child is far greater. Of course, you should always discuss your concerns with your physician.

After some vaccines, it is normal for a child to experience mild side effects, such as crying, irritability, fever and swelling at the injection site. Sometimes a vaccination may induce a slight fever in a child, which is generally easily treated by giving him or her acetaminophen. Although these reactions are exceedingly uncommon, immediate medical attention should be sought for the following unusual symptoms: constant, inconsolable crying for more than three hours, unusual high-pitched crying, limpness or paleness, a temperature of 105 degrees or higher or convulsions.

Some of a child's discomfort can be partially offset by a parent's care during the shot. Help children by telling them ahead of time what to expect. Explain that it may hurt a little, but also explain why the shot is important. Then try to distract the child at the moment of the injection, and try not to cringe yourself, as they will notice and mirror your reaction.

A little prick and perhaps a fever are a small price to pay for protection against polio, tetanus, diphtheria, pertussis, measles, mumps, rubella, *Haemophilus influenzae* Type b meningitis, and Hepatitis B.

With the exception of the pertussis (whooping cough) vaccine, which should only be given to a child up to age 7, and Hib vaccine, which normally is not given after age 5, any of the following vaccinations not given during early childhood should be considered for older children and adults. Adults are especially advised to maintain immune status against diphtheria and tetanus with the routine Td booster every 10 years, and to receive the Hepatitis B vaccine if their occupations or lifestyles warrant it.

Polio

Polio was, for good reason, the "dread disease" of a generation ago, sometimes leaving victims permanently paralyzed. Immunization has greatly reduced polio incidence in the United States, but because the disease is still endemic in countries with less regulated immunization requirements, it is important for every child to be protected against it. The polio vaccine of choice for routine immunizations is the live attenuated form, known as trivalent oral polio vaccine (TOPV). In this procedure children drink a drop of a live, but harmless polio virus, which builds an immunity to the disease. For persons with immune disorders, which make them unusually susceptible to infection, or for adults undergoing their first vaccination, an injected (killed virus) vaccine is available. A basic series of three trivalent oral vaccine doses is recommended at 2, 4 and 18 months of age. A booster is recommended when entering school (ages 4-6 years).

The best way to provide protection to adults is to have them immunized. In the United States, our society gets by with lower levels of documented immunization in adults because many have acquired immunity from being in close contact with immunized children. They become immune from stool contact with vaccine virus even though they did not receive a dose of vaccine that they *think* they remember. In any outbreak of wild virus polio, it is recommended that all persons who cannot prove they have been immunized get a dose of vaccine.

Tetanus (Lockjaw)

Tetanus is an uncommon disease that may be caused by a variety of skin-penetrating injuries, especially those contaminated by gut contents of animals or man or soil contaminated with this material. Tetanus toxoid, usually combined with diphtheria vaccine in a single injection, provides excellent protection against tetanus. The vaccine is usually given five times throughout childhood, combined with the diphtheria and pertussis vaccines. Booster shots for tetanus are recommended every 10 years throughout adulthood.

Diphtheria

Diphtheria is a particularly vicious form of throat infection characterized by a grayish membrane that forms in the throat, blocking air and making swallowing difficult. The disease is caused by

a bacterium which produces a potent cytotoxin. The death rate is 5-10 percent unless treatment with the antitoxin is started early. This disease is now rare only because of immunization. Diphtheria and tetanus vaccination (toxoids) are usually given in combination with pertussis (whooping cough) vaccine—the well-known DPT shot. These are given at two, four, six and 15-18 months of age, followed by one booster prior to entering school (ages 4-6 years).

The pertussis vaccine is not recommended for persons older than six, but adults as well as children should be protected against diphtheria and tetanus. Older children and adults receive only diphtheria toxoid in a reduced dose and tetanus toxoid (Td). Td boosters are recommended every 10 years.

Pertussis, "Whooping Cough"

Pertussis, or whooping cough, is a very serious illness among infants under the age of two years. Severe spells of coughing combine with difficult breathing, sounding like a "whoop." In rare cases, pertussis leads to pneumonia, convulsions, brain damage and even death. Pertussis is most severe in infants under six months of age. Infants should begin their immunization series at two months. Low immunization rates have led to an increase of whooping cough cases from 2,823 in 1987 to 4,138 in 1990.

The pertussis vaccine is combined with the diphtheria and tetanus (DPT) immunization. Children older than 7 and those currently suffering from a significant acute illness should not receive the vaccine. Mild to moderate upper respiratory illness (URI) is not a contraindication to immunization. Unvaccinated older children and adults can contract whooping cough, but it is rarely serious. The pertussis vaccine can cause minor reactions such as fever, fussiness or drowsiness, along with soreness or swelling at the injection site. Government research in the mid-1980s found no evidence to back up a rumored link between the pertussis vaccine and Sudden Infant Death Syndrome. Extensive clinical and epidemiological research has shown no correlation between the vaccine and neurological disorders. A new vaccine called "acellular pertussis vaccine" (DTaP) is now available for the fourth (18 months) and fifth immunizations (4 - 6 years of age); it has fewer side effects than the standard DPT immunization.

Measles

Several recent outbreaks of measles and rubella have occurred in California. In 1990, more than 12,000 Californians developed the disease and more than 50 died from it. The highly infectious and potentially deadly nature of this disease make immunization essential. Measles may lead to pneumonia or ear infections, both of which may require antibiotics or hospitalization. The most serious complication resulting from measles is encephalitis (infection of the brain), which can be deadly or can cause severe brain damage, deafness or blindness. During recent epidemics of measles, preschool children had the highest incidence of measles. This is a change from pre-vaccine era epidemics, when school children had the highest incidence.

The measles vaccine is given at 12-15 months of age, depending on local incidence. Because of recent epidemics in this state, 12 months is the recommended age for MMR in many areas of California. Children should be given a booster vaccination before entering kindergarten, though some physicians prefer to give this booster vaccination before the child enters middle school. In all circumstances this booster should be given before a young person enters college. Very mild reac-

tions such as fever and rash sometimes occur as side effects from the measles vaccine. Serious reactions are extremely rare and are *never* as threatening as the disease itself. The measles immunization can cause false reading of a tuberculin skin test for as many as four weeks after inoculation, so if a tuberculin test is planned, it should be given before or at the same time.

Rubella

Rubella is such a mild disease in both children and adults that there would be no cause for alarm were it not for a tragic exception—the danger of severe physical and mental damage to a pregnant woman's unborn child if she acquires the disease in the early months of pregnancy. For the protection of the mother and the child, it is commonly recommended that all children be immunized at 12-15 months of age with rubella vaccine.

Adults who are not immune may be immunized at any age, but women should not receive the vaccine during pregnancy or during the two to three months immediately preceding pregnancy. Some people react to the vaccine several days after the immunization takes place, experiencing tenderness and swelling of salivary glands, glands of the neck, or various joints. The discomfort is not serious and usually disappears quickly.

Mumps

Mumps is also caused by a virus. Its most recognizable symptom is the swelling and tenderness of the parotid salivary glands located below and around the angle of the jaw. This is usually a mild disease in childhood, but those who escape mumps in childhood and contract the disease as adults are more likely to have complications. For this reason, the mumps vaccine, a live virus, usually combined with measles and rubella as a single injection, is recommended at 15 months of age.

In rare cases, mumps may lead to meningitis, encephalitis and deafness in childhood. When an adult becomes infected with mumps, the course of the disease is often painful but rarely causes permanent damage. In adult males, mumps may cause swelling of the testicles, but rarely sterility. Occasionally, the pancreas become infected, leading to abdominal pain and digestive trouble.

The mumps vaccine can be given in later life, but mumps immunization cannot be provided at the last moment. If a person has already been exposed to a known case of mumps, it is too late for protection. Avoid close contact with those with mumps if possible.

Haemophilus influenzae Type b

Haemophilus influenzae Type b, known as Hib or "H-flu," is a bacterium that causes many severe infections, including meningitis (inflammation of the covering of the brain) and pneumonia. Meningitis occurs mostly in children younger than age 5.

The Hib vaccine protects against this infection. Possible side effects include swelling, redness and fever. Depending on the type of vaccine, children should receive the Hib vaccine at 2, 4, 6 and 15 months of age or at 2, 4 and 12 months of age. Your physician can best determine which vaccine to use. The vaccine is not recommended for adults and children older than 5 years of age, unless they have certain chronic health conditions. Your physician will tell you if your child needs this vaccine after 5 years of age.

Hepatitis B

Hepatitis B is a serious illness that can lead to chronic liver disease. Infants who become chronically infected with the Hepatitis B virus may die of liver disease in adulthood. As adolescents or adults, individuals may contract the disease sexually or through the use of shared needles for injecting drugs or, as health workers, through occupational exposure to blood.

To become immunized to Hepatitis B, infants receive a series of three Hepatitis B vaccinations in the first year of life. Side effects are minor and uncommon. There may be transient pain where the injection is given and a slightly elevated temperature. There have been no serious side effects noted in infants receiving the Hepatitis B vaccine. Sexually active adults and adolescents also benefit from the Hepatitis B vaccine. Your physician can best evaluate your particular needs.

Smallpox

Smallpox was eradicated world-wide in 1977 and therefore the vaccination against it is no longer recommended.

TODDLER IMMUNIZATION GUIDE

(The exact schedule of immunization depends on when the initial vaccine is given and which of several types is used. Consult your physician.)

Child's Age	Immunizations Needed Now
1st Birthday	By this age, a child should have had 3 DPT and 2 Polio immunizations, 2-3 Hib vaccinations, and 2-3 Hepatitis B vaccinations. A tuberculin skin test is also recommended in populations with high incidence of tuberculosis.
12-15 Months	MMR (Measles, Mumps, Rubella), Hib vaccine, one more Hepatitis B immunization (if only two have been received).
15-18 Months	One more DPT (or a DTaP), one more Polio
2nd Birthday	By this age, a child should have had a total of 4 DPT (or 3 DPT and a DTaP), 3 Polio, 3 Hepatitis B, 1 MMR, 3-4 Hib vaccines, and a TB skin test in high risk populations.

PROTECT YOUR FAMILY. CONTACT YOUR PHYSICIAN TO MAKE SURE YOUR TODDLER IS FULLY IMMUNIZED.

A GUIDE FOR WORKING WITH HANDICAPPED STUDENTS

HEARING IMPAIRMENTS

A. Deafness: A deaf person is one who, even with a hearing aid, cannot understand spoken language. Deafness can occur before or after birth by malformation or severe damage to the auditory nerve, Rubella, high fevers and industrial accidents.

B. Hard of Hearing: A hard of hearing individual is one who, with amplification, can understand most spoken communication. The causes include those named above with less extreme damage and the onset of old age.

C. Hearing Aids: Most hard of hearing, and many deaf students, use hearing aids. These usually set either behind the ear and are connected to an earmold that fits directly in the ear. These devices can add up to 25 dB to a person's hearing, thereby contributing substantially to voice reception but, unfortunately, also amplifying distortions. It is therefore beneficial to use a normal tone of voice when communicating with a hearing impaired student. Keep in mind that there will still be spoken sounds which are not heard.

D. Lip Reading: Most hearing impaired people lipread to some extent. However, due to the structure of articulated speech approximately 50% of the sounds either don't show at all on the lips or are identical to other sounds. For example, words such as "bats" and "mad" look the same to the deaf person. It is therefore important to articulate clearly without distraction and at a normal pace. Any exaggeration distorts the patterns the deaf person has learned. It is also helpful to check and see if you are understood by asking the person to repeat an instruction back or asking the student if he/she understands. The deaf read facial and body expressions very clearly.

Educational Implications

1. A hearing impairment is a major communication disorder. A deaf person's language is frequently substantially below that of a hearing person of the same age and experience.
2. Speech is an accomplishment gained after years of difficult study. Certain speech sounds (such as the "s") are very difficult to make for the hearing impaired. The rhythm of a deaf person's speech may not be "natural". Because the student has spent a great deal of his life learning how to speak he/she is most appreciative of those who will take the time to listen.
3. Most hearing impaired students will be accompanied to class or appointments by an interpreter. This individual will translate with factual and emotional accuracy the content of all communication into sign language. He will also interpret whatever the deaf person says into spoken English.
4. The student will also normally require the services of a notetaker. The student's vision is required to "hear" the lecture. It is impossible for him/her to take notes and read the interpreter simultaneously.

5. What an instructor can do:
   a. Seat the student, interpreter and notetaker in clear view of each other and yourself.
   b. Whenever possible, face the student and try not to obscure your face with hands and objects.
   c. Use media to illustrate principles. Even a simple diagram on the board board helps.
6. The role of the interpreter:
   a. Because of the small percentage of words which can be lipread, an interpreter is essential.
   b. The interpreter is not capable of teaching the course and will not attempt to do this. The interpreter facilitates communication between the instructor and deaf student.
   c. You are able to converse with your deaf students at any time through their interpreter.
   d. Occasionally glance at the interpreter. If you note strain or lack of hand movement you are possible speaking too quickly and the interpreter has lost you.
   e. Not all words have signs. If you use technical and complex terms all must be spelled out on the fingers and this takes time.
   f. Not all deaf students are at the same English language comprehension level. Consequently, depending on the student, the interpreter may need to simplify phrases or sentences. The student with more sophisticated English will receive a word for word transliteration.
   g. If you are unsure as to the student's comprehension level, ask his counselor (ext 621)
   h. Do not hesitate to ask questions of the student, privately if you like, thus determining for yourself if you have been understood.
   i. The student may hesitate to participate in discussions until he feels confident and secure in the situation. You can help establish a rapport by including him/her in the usual before class and after class chatter. He/she will probably be more relaxed at that time.
   j. An interpreter is unable to interpret more than one speaker at a time, so a class discussion can sometimes be confusing to the deaf student.
   k. Make sure your interpreter and student are seated close to you and that the student is able to see you clearly.
   l. Don't worry about the initial distraction to the rest of the class of moving hands. Research studies have proven that this distraction becomes minimal or non-existent as the weeks progress.
   m. If the hearing students are curious, perhaps the beginning of the semester is a good time to let them ask questions of the deaf student and the interpreter. Studies showed that this question period satisfies curiosity and focuses attention once again on the instructor who may gently remind the class that the interpreter is not teaching the course.

VISUAL DISABILITIES

A. Legally Blind/Partially Sighted: A person is legally blind if their visual acuity is 20/200 or worse in the better eye with the best possible correction or a field of vision no larger than an arc of 20. A student may be classified as legally blind and still have some residual vision.

A person is partially sighted if their visual acuity is between 20/200 and 20/70 in the better eye with the best possible correction.

B. Cause of Vision Loss: Visual impairments may result from both pre- and post natal causes. Poisonings, heredity, tumors, infectious diseases and injuries are just a few of the major causes. The student's vision may fluctuate dramatically on an individual basis. It should also be pointed out that few legally blind individuals are totally incapable of vision. Most "blind" people have light/dark discrimination and some residual vision

Educational Implications

1. Preferential seating and adequate illumination are definitely of assistance to the visually impaired.
2. The student will probably use a tape recorder or slate and stylus during class.
3. The stability of the physical layout of the classroom is essential for the blind student. It is important that he become familiar with the classroom environment, the location of his seat, and any materials he may need.
4. Some students may use a guide dog as a mobility aid on campus. The dog will sit on the floor adjacent to the student. It is recommended individuals do not pet the dog without prior permission from its owner.
5. Do not hesitate to ask a student about the degree of his vision loss.

LEARNING DISABILITIES

A. Definition: The term "learning disabilities" has been defined in a variety of manners. One of the better attempts was by the U.S. Office of Education for the Handicapped and reads as follows:

"(Students who) exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. There may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or computation. They include conditions which have been referred to as perceptual handicaps, minimal brain dysfunction, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing or motor handicaps, to mental retardation, emotional disturbance or to environmental disadvantage."

Education Implications

1. Reading problems (usually defined as two or more grade levels below potential) are to be expected.
2. Often the student will have poor gross and fine motor skills.
3. The student may perseverate (have difficulty switching from one topic to another, tend to repeat phrases or actions).
4. Poor attention or a short attention span is often associated with learning disabled students.
5. Speech and language problems are also common. These range from infrequent communication to immature grammatical development.
6. Short and long-term memory are usually poor.
7. Overall social immaturity and a tendency toward "hyperactivity" may be present.

PHYSICAL DISABILITIES

The following are brief descriptions of some of the more common handicapping conditions. They are intended solely as a general overview. The functional abilities of individual students will be greatly influenced by the extent of involvement.

A. Cerebral Palsy: CP is a neuromuscular condition caused by brain damage before, during, or after birth. The damage may be the result of birth trauma, lack of oxygen, tumor or other brain injury. CP affects coordination of muscle control, with the type and severity of the problem dependent on the location and extent of the brain damage. It is not a progressive disorder.

Educational Implications

1. A student with CP may have some degree of difficulty when speaking. If you are not sure what a student has said, repeat it back to the student for confirmation.
2. Sensory deficits, perceptual and motor deficits may sometime affect CP individuals and add to learning problems.
3. Some students with CP may write slowly and lack precision in movements. They need to tape record lectures or use notetakers and require assistance in taking examinations.

B. Epilepsy: This is not a specific disease. Rather it is symptomatic of some abnormality of the brain. Seizures are characterized by convulsions of the body's muscles, partial or total loss of consciousness, mental confusion or disturbances of bodily functions, which are usually controlle automatically by the brain and nervous system.

Types of Seizures

1. Grand Mal: This type of seizure is usually preceded by an "aura" such as an odor, nausea, or a non-directed fear. This may serve as a warning to the epileptic that a seizure is about to occur. He/she will lose consciousness, usually fall to the ground with general convulsive movements of most or all of the body. Regular respiration decreases and the epileptic may become cyanotic (a blue-blush discoloration of the skin). Normal respiration will resume at the end of the seizure which may last as long as five minutes. Afterwards he/she will be generally confused or drowsy and may sleep for several hours.
2. Petit Mal: This type of seizure usually lasts from 5 to 20 seconds and may occur many times an hour. It may be accompanied by staring or twitching of the eyelids and a momentary lapse of consciousness. The individual is seldom aware he has had a seizure.
3. Psychomotor: These seizures have the most complex patterns of behavior, including such activities as: Chewing and lip-smacking, staring and confusion, abdominal pains and headaches, changes in color perception, spots before the eyes, buzzing and ringing in the ears, dizziness, fear, rage, anger, and following the seizure, sleep. The seizure may last from a minute to several hours.

Educational Implications

1. Remain calm. The other students in the class will assume the same emotiona reaction as that shown by the instructor.
2. Be sure the person having a convulsion is in a safe place.

3. Loosen tight clothing and turn him on his side.
4. Do not force hard objects between his teeth or give him anything to drink.
5. Stay with the person experiencing the seizure until he has fully recovered from the confusion that sometimes follows a convulsion.
6. Epileptics subject to grand mal seizures usually take medications. Drowsiness or lack of concentration is often a side effect.

C. Traumatic Spinal Cord Injury: SCI may result from traumatic incidents such as auto accidents, sports injuries, falls and birth injuries. Fracture or dislocation of the vertebrae may cause irreparable damage to the cord which relays messages from the brain to all parts of the body.

Educational Implications
1. The student may have paralysis and loss of sensation below the point of injury.
2. Absence from school may result from urinary tract infections, respiratory problems and tissue breakdown ("bed sores") caused by constant pressure and poor circulation.
3. The physical abilities of a person with a spinal cord injury depends on the location and extent of the break in the spinal cord.

D. Rheumatoid Arthritis: This inflammation of the joints now believed to be caused by an immunological attack against normal body materials. When there is pain in moving a limb because of joint inflammation, the arthritic will keep this involved joint in a fixed position. He may lose his range of motion and eventually be unable to straighten the joint.

Educational Implications
1. Some students must endure periodic pain, stiffness and fever and tend to be depressed, introverted and/or moody.
2. Students who take large dosages of aspirin for pain relief may have a high tone hearing loss. This hearing loss disappears when the aspirin treatment is reduced.
3. Students may be bedridden for short periods as a result of arthritic "flare-ups".

E. Multiple Sclerosis: Little is known about the cause of this disorder. The disease attacks the myelin sheath surrounding the nerve fibers of the spinal cord and brain tissues. While M.S. is a progressive disease it will often be characterized by periods of recovery. The symptoms include tremors of the limbs particularly when the person tries to control his movements, slow and deliberate speech, and ocular abnormalities (nystagmus or involuntary eye movements).

Educational Implications
1. The student's physical condition may vary greatly.
2. The student may require notetakers, readers and/or examination assistance.
3. Vision may be impaired.
4. The student should avoid overwork and fatigue.

F. Muscular Dystrophy: There are several different types of muscular dystrophy. However, all are characterized by a gradual degeneration of muscles. In the later stages there is a replacement of muscle tissue with fatty tissue. The most common form of M.D. (Duchene) is caused by a sex-linked recessive trait. Death usually occurs in late teens or early twenties as a result of heart or respiratory failure.

Educational Implications

1. The student will have difficulty in grasping heavy objects and writing will probably be slow and laborious.
2. The student may require the services of notetakers.
3. Motivation is quite often a problem with older M.D. students.

G. Postpolio: Polio is an acute viral disease of the nervous system. The virus causes inflammation of the central nervous system. The primary area of attack is the spinal cord, nerve bundles attached to the cord, and areas of the brain surrounding the cord's upper end. The individual is left essentially paraplegic but without the sensory involvements that occur in most cases of spinal cord injury.

Educational Implications

1. The student may have paralysis or non-functional use of his limbs.
2. Absence from school may result from respiratory or urinary tract infections.
3. Physical capabilities of the student will depend upon the extent of the damage caused by the virus.

H. Brain Damage: Injury to the brain may result from infections (encephalitis), tumors, toxic agents (lead poisoning), or trauma. Fundamental areas of functioning which may undergo long term changes after brain injury include motor ability, sensation, intelligence (including perception and memory) and emotion.

Educational Implications

1. Paralysis or weakness may be present on one or both side of the body. Fine and/or gross motor functioning may also be involved.
2. Perception, memory, thinking and reasoning may become confused.
3. Speech may be faltering, slow and deliberate.
4. Irritability, emotional lability (rapid mood shifts) or a decrease in inhibitory controls may be present.

Reproduced from: A Faculty and Staff Guide For Working with the Handicapped Student from Disabled Students Services, Golden West College, Huntington Beach, CA 1981-82

teacher

TERMS IN SCHOOL LIABILITY

Negligence--the failure to act as a reasonably prudent person would act under a specific set of circumstances.

Tort--an improper act of commission or omission, without right, contributing to the injury of another in person, property, or reputation. An act of omission occurs when without intent an individual failed to foresee or perform an action that would have prevented an injury to another. An act of commission occurs when there was an intent to cause an injury to another.

Attractive nuisance--any type of structure, apparatus, or excavation that is left unguarded, thereby inviting a child to play on or in it. A common example of an attractive nuisance is a backyard swimming pool.

In loco parentis ("in place of the parent")--a phrase which states that because school attendance is required by law the teacher or school assumes the parents' responsibility for the child while he is at school.

Foreseeability--awareness of the consequences of a certain act or situation and avoidance of this act or situation. Ignorance is not a defense. If one assumes the responsibility of supervising or directing an activity it is his or an administrator's responsibility to be qualified and skilled in directing the activity.

Last clear chance--the final opportunity to take action in preventing an injury.

Malfeasance--usually, performance of an illegal act by a school official.

Misfeasance--performance of a legal act such as giving first aid in an improper manner by a school official.

Nonfeasance--failure of a school official to perform his legal duty or responsibility such as giving first aid.

Proprietary function--the responsibility of a school for the safety of those attending school functions. In the eyes of the court this responsibility is increased when fees are charged for admission to a school function.

TERMS FOR THE DEFENSE IN A LAWSUIT

Assumption of risk--an adult's voluntary participation in an activity with full knowledge of the possible risks involved. This defense can almost never be used when the victim of a tort is of elementary school age. It is assumed that even though the student has an understanding of the risks involved in the activity he is not capable of making the proper judgment of whether or not to participate.

Comparative negligence--assigning to an adult victim of an injury a percentage of the responsibility for an accident. The concept is similar to that of assumption of risk. Again, this is rarely or never used as a defense when the victim of an accident is a minor.

Contributory negligence--negligence of an adult victim of an injury in failing to act prudently in preventing the injury to himself.

Vis major--an accident or injury that could not have been avoided, for example, an earthquake.

CHILD HEALTH EDUCATION

***** 8-31 NOTES: *****

top 10 health problems:
WORLD NUMBER 1: per this class is Malnutrition; there is no real answer. It depends on how you define ~~"Health Problem"~~
our list: malnutrition, drugs, AIDS, alcohol, child abuse, child neglect, poor hygene, environmental neglect, infant mortality, sexually transmitted diseases.

***** 9-14 NOTES: *****

USA Number 1:
child abuse
stress
drug abuse
child abuse
cancer
heart condition
accidents
violence/crime
suicide
teenage pregnancy
malnutrition
eating disorder/image disorder

elementary:
child abuse
child neglect
malnutrition
accidents
infant mortality
cancer
respritory conditions
diabetes
environmental stress

Elementary/Jr./High School:
15 and up: 1# = accidents, 2#=suicide, 3#=homocide
1-14 : 1# = accidents, 2#=cancer, 3#=congenital anomialies, #4=homocide
1-5 : accident type: drowning
6 and up : accident type: motor vehicle victim

lecture: top five killers:
1700: Western Europe/USA: 1#=plague, 2#=small pox (virus*), #3=cholera (bacterial), #4=influenza, #5=tuberculosis; average life expectancy=22 years. (medical use of leeches and alcohol, plague wiped out 50% of population, 20% of population wiped out by STDs, infant mortality 50%)

1800: 1#=TB, #2=diptheria, 3#=measles, 4#=small pox, 5#=typhoid (shell fish)

1900: 1#=influenza/11.9%, 2#=TB/11.4%, 3#=gastro-enteritis/8.x%, 4#=heart disease/8.1, 5#=cerebral vascular diseases (lifestyle disease, living long enough)

1991: USA:

1#=heart disease 36.7% (risk factors: stress, gender, family history, smoking, exercise, diet [eg., high fat], diabetes, hypertension).

2#=cancer, 20.3% (males: 1. lung, 2. prostrte, 3. colon/rectal; female: 1. breast, 2. colerectral, 3. uterine; ovarian/pancreatic).

3#=cerebral vascular disease, 8.5% (stroke, right side/ left side), risk factors: high blood pressure, age, gender, obesity, birth control pills.

#4=accidents, 5.3%
#5=COPD, chronic obstructive pulminery disease
#6=pneumonia (not-lifestyle)
#7=diabetes
#8=suicide
#9=homocide
#10=AIDS

People today dying of lifestyle, what you eat, what we are doing to ourselves; 48% of all deaths = lifestyle, 24% = heredity, 16% = environmental, 12% = were treatable, aminiable to modern medical attention (eg., Jim Hensen).

It's all about health habits: what we do to ourselves, formed by two years, when they can manipulate their environments a bit---education, changing attitudes, changing habits.

virus = can treat, can't cure it (treat symptoms); bacterial infection = can be cured, take anti-bacterial medication.

***** 9-21 NOTES: *****

A CONCEPT OF A SCHOOL HEALTH PROGRAM

Official Health Agencies:

run on state funds:
Public Health Office:
diagnose/treat at low cost
12-y-o can provide own consent for treatment;

Voluntary Health Agencies:

Heart Association: Band-Aid training; (Junior 1st aid training/CPR, when/how to dial 911); disaster preparedness training; Red Cross (Jr./High) consumer education; run with volunteers; volunteer agencies do not diagnose/referrals; lots of free-bees ("teaching materials"---> send form letter to get t.m., for cost of stamps, just like christmas; see "Health Ed. Resources," "Healthfinder," "Generation at Risk" address lists) and speakers---can teach related to problems but not diagnoses.

favorites: Heart Assoc., American Lung Assoc., Red Cross...

Prof. Societies, Medical, Dental, Educ.:
Amer. Med. Assoc, National Education Assoc., CA Teacher's Assoc., Amer. Pediatric Assoc. (one of the few that gets directly involved in student health)---the rest assist in legislative actions.

Private Practice Medical and Dental:
parent's in private practice can come to class and talk . . . otherwise, it's pretty expensive.

Private Industry:
Various industries willing to "give" to classroom, eg., Honda motors to auto-ed, Singer sewing machines, Colgate toothpaste, Tampex re: menstrual cycle, and insurance companies---eg., United Auto Workers/GM "Aids" publication. Attn. John Lawlor, Mitsubishi, P.O. Box 6007, Cypress, CA 90630-0007---donating VCRs and computers to classroom. If you need something for your classroom find out who the supplier is and write a great PR letter, eg., Levi's in NY outfitted 50 kids in L.A. school.

Service Clubs:
Elks: ceribral-palsy, home therapy for handicapped
Amer. Legion: donates money for wheelchair or crutches
Assistance League: speech therapy, dental care
Kiwanis: purple children's fund, ceribral-palsy,
Rotrary: nutrition
---> Lions: eye-glasses, hearing aids for kids
Shriners: burn clinic, mental-health, self-esteem
United Way: A-Z

Community Health Council (above)

School Health Services

Health Services: (see hand-out)
- follow through!!

Healthful School-living/Environment
- mental and emotional tone (don't put study hall next to auto-shop)

Health Instruction . . .

***** 9-28 NOTES: *****

handouts ... health screening, comprehensive school health instruction . . .

School health services: last time went over community section (top part of diagram) - bottom part = school health services:

All part of a cumulative health folder (CUM files):

Teacher Observation ***
Health Appraisal--Medical Exam
Screening Devices:
    Vision
    Hearing
Teacher-Nurse Conference
Follow-Through ***
Health Guidance
communicable Disease Control
Emergency Care and Disaster Procedure
Dental services
Handicapped, Care of

CUM folder information:
Home address & phone: legally required
business not required; parents often lie about address to get kid into school X;
1st call is paramedics if life situation
2nd call is parents
3rd call is family physician/health care provider

legally whoever calls the paramedics pays, if Christian Science school district generally held not individual:

teacher observations: two times per grade; date and check if observered, "O" if no longer observed; pretty subjective; don't check a problem without including specific notes; write down observations not "diagnosis"

someone else fills out medical history and immunization/test records.

Growth record chart, watch numbers up top, check whats normal to self (example of "averages" from 1943 study, useless).

section 10: special recommendations.

CUM analysis exercise:
1. up to the 8th grade; 9 years
2. no
3. yes; 5th thru 8th grade-end of observation; not fat
4. no
5. no
6. yes; 7th grade
7. chicken pox, measles, German measles
8. from 5 thru 13 ages
9. according to the chart it appears above average; but teacher observation indicates otherwise from 5th grade on
10. nothing is noted in observation; he's just noted to be tall and thin
11. DPT '70; Pollo not complete series '70
12. yes, visual, 5-8th grade
13. yes, 10-70
14. 10-70: suspected drug use = diagnosis; don't do!

15. yes, glasses Dr. Hammer 11-71
(similar exercise on exam)

Behavioral Objectives: statements that students and others what they should be able to do at the end of the lesson. Accountability, from the '60s. instructional/social/classroom management . . . gives us an idea of what will be accomplished.

Criteria for Writing Measurable Objectives: see handouts; A. "The student will" B. "describe" (one measurable behavior, see "glossary of behavioral terms") C. "A nutritionally sound meal"; D. degree: percentage, 3 out of 10; E. Condition: specific conditions (Kozer=UCLA method, you either know it or not; no real degree); F. level of learner - don't ask kindergardeners to do what is impossible for K-students; G. Inclusive language: cultural/gender bias . . .

Health Instruction Framework for CA Pub schools
Goals of Health Instruction (p. 72) for exam...

School health education study (SHES): example of Kirkland guide; what do kids need to know, what do kids want to know.
Health (tri-dimensional model: phys/mental/social well being, behavior as kn/attitudes/behavior, focus individ/family/community) to three key concepts to ten concepts to subconcepts to long range goals to behavioral objectives;

October Notes---Health

***** NOTES 10/05: *****

Airway \
Breathing } no breathing --- goto CPR
Circulation /
Delicate Spinal FX --> secondary survey
Epidermis
FX
General medical emergency

Primary survey: A — clinical death
B — no pulse
C — no air
biological death

heart attack - 911 - call hospital
stroke - 911 - call hospital
CPR if no pulse, Rescue breathing if no breathing.

All ages:
1. heart attack
2. cancer
3. stroke
4. accidents

Secondary Survey:
1. inteview patient (are you okay? what is your name? where does it hurt? how many people are there?) --psychogenic shock
2. vital sign:
   - pulse
   - breathing
   - temperature
   - pupil reaction to light.
3. head-to-toe check: basic neural exam - eyes, back of head, arms to hands, wiggle fingers . . .

Parametics:Trama

Shock: cause of death in accidents.
systems reaction to stress: lack of profusion of blood to the peripheral tissues and to the organ systems as a result of a cardio dysfunction

psychogenic - quick, temp
neurogenic - car accidents, brain injury, central nervous system, loss of control of sympathetic nervous systems
tramatic (hem) - by loss of blood
hypovolemic - by loss of fluids, body tissue (heat stroke, burns)
cardiogenic - heart attacks
anyphilactic - alergic reactions

signs of shock
- rapid pulse ------very slow
- " breathing --very slow
- cold clammy
- nausea
- impending doom
- capillary refill (more than 5 seconds)

treatment of shock:
deal with the reason for shock:

Control bleeding -
- direct pressure (using gauze, prevent cross-contamination)
- pressure point - brachial arteries

---amputation case:
- wrap body part in moist gauze (not wet), double wrap in plastic, immerse in ice/ice water.

---impaling:
- do not remove object - direct pressure - stabilize object.

nose/ear bleeding --- do not try to control; maybe result of brain pressure

Burns:
to control pain, control shock - elavate feet, wrap in blanket, make sure of breathing.
corresponds to layer of skin
1 - sun burn-type, run cool water
2 - amount of tissue, blistering; loosely wrap in cloth and transport (no cold water, might cause frostbite to underlying layers of skin)
3 - chard skin; any burn to the face -

Fractures
- signs: pain, inflamation, discoloration, deformity, do not let the person move
- Use: ice (lessen inflamation), immobilize area (pressure gauze)
- simple -
- compound
- Strains - tendons, muscle to muscle, and muscle to bone (48 hours after alternate cold and hot)
- Sprains - ligimonds, bone to bone (just ice)
- Dislocations - immobilize area, transport to hospital.

Diabetic:
hypoglycemia - insulin shock - too low sugar in body - losses consciousness, seisures - give him a glass of OJ
hyperglycemia - insulin coma - too high sugar in body - no insulin to metabilize the sugar - same signs - if they don't react to OJ immediately most likely hyper - contact parents get insulin.

Seizures: clear the area, don't put stuff in the mouth.

head trama:
fluid from nose/ears
vomits - bad news
sleepiness - call 911, keep them up - brain hemoraging takes a few hours to become evident

Signs of allergic reaction:
nausea, vomiting
hives, rashes
difficulty breathing
- aniphilactic shock - can use antihystimine (to open airway), eg., bee stings

poison/drugs:
- call poison control center
- if pills, can induce vomit with gag-response, beware of apiration of vomit . . .
- call 911

snake bite:
remain calm
use snake kit?---rednecks to yellow - poisonous

***** 10-12 NOTES: *****

Cognitive aspects: CPR-cadio-pulminary resuscitation: a series of techniques used to prevent a person who is clinical death (no pulse/breathing, 4-6 minutes) from becoming biologically dead (no brain functions, 10 minutes).

reasons for CPR:
heart attack --- 1 to 2 hours-before cardiac arrest, people usually wait 2 to 3-hours before going to the hospital. same thing in stroke (eg., loss of blood to the muscle).

reasons for heart attack:
non-preventable: heredity, race, gender
preventable: diet, smoking, obesity, diabetes
stored form of energy, hormone makers, cholestorol---macro-molecule that makes hormones
fat---less than 30% of diet

drowning: #1 cause of death of children in Orange County---don't care about the water, just assist breathing.

choking: if they can talk, they're not choking---so ask! fist between navel and zyphoid process, several abdominal thrusts. After the age of one---use back thrusts. Worst case---puncture lungs, lacerate heart, damage the spleen.

Aid---difficult to catch, but theoretically possible, better chance of catching hepititus, flu . . . ---no documented cases of aid-giver catching HIV from CPR contact.

CPR - practical - ABC:
Airway assess - shake and shout
perform - call 911
perform - head tilt, chin lift
Breathing assess - look listen, feel (5 - 10 seconds)
perform - 2 full breaths
Circulation assess - check for pulse
perform - compression 15:2 -
4 cycles, recheck pulse

quality of life: 220 - age = maximum heart-rate
exercise = 3 x 20 minutes at 60%-85%

220-34=186x.60=111.6 beats per minute
.85=158.1 beats per minute

cholestorel level = below 200 okay
200-239 = moderate diet: < 30% fat, < 15% protein
HDL - good cholestorel direction of fat travel, only way to increase=exercise,no smoking
LDL - bad, reduce = reduce animal fats -
order a lipid profile -> LDL over HDL = 3.5 - 4.5 = moderate risk; greater than 4.5 = high risk; LDL numbers = less than 130, HDL higher than 35.

***** NOTES 10/19: *****

1st Aid vital signs re-cap:
skin color
level of awareness
ask for hand-squeeze-back
check for Medic-Alert bracelet

elevate
direct pressure
pressure points
turniquet --- unless absolutely necessary - limb loss inevitable

electrical burns:
entrance wound
exit wound

diabetes:
if unconscious, don't give them anything
fruit juice the best

insect bites:
don't rub the area (bursts venom sacks), remove bee stingers with tweezer and not fingers.

animal bites:
seek medical help
don't wash with soap (makes it more difficult to determine rabies

potential)
try to contain animal

gunshot wounds:
remember entrance/exit wounds - exit wound is generally 5 times bigger than entrance

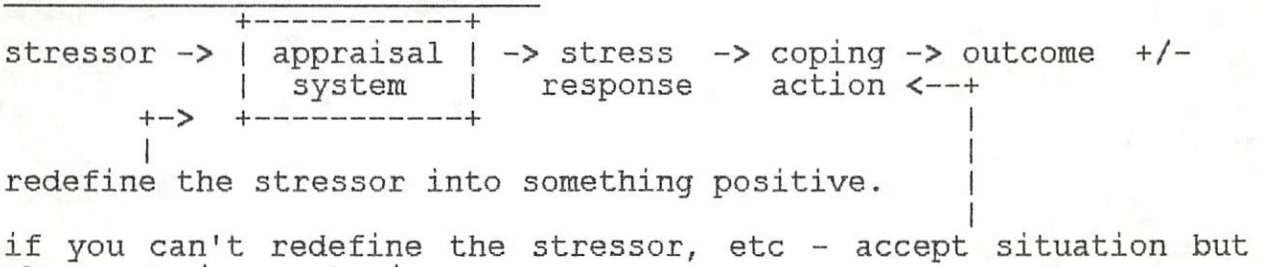
poisoning:
inhalation - get fresh air! symptoms: blue lips, dialation.

MIDTERM INFO:

need scantron 882 (50/50)

2 questions #1 health problem in the world - malnutrition; disease
4 q - 1700-1990 lecture; concentrate: critical areas of health today heartattack/cancer
2 q - school program - student in center
4 q - school health services
15 q - on QUM health folder - purpose
7 q - behavioral objective (how to write, correctly worded)
7 q - community agencies (teacher refferals; service clubs
5 q - CA health framework - mandated scope and sequence
4 q - school education study (SHE) - 10 concepts
2 q - what is scope and sequence
6 q - national adolecent student health survey
22 q - from text:
1# death in child=accidents
2# " teens = homocide
motor vehicle crashes of teen deaths=50%
3/4 all unitentional deaths are motor vehicle related
50% mv deaths = alcohol related

EXCURSIS: STRESS MANAGEMENT:



if you can't redefine the stressor, etc - accept situation but change coping mechanism.

YOU CANNOT GET SOMEONE ELSE TO CHANGE THEIR BEHAVIOR, CHANGE IS YOUR RESPONSIBILITY FOR YOUR OWN BEHAVIOR.

break the food habit:
1st meal: protein (awake)
last meal: high carbs (sleepy-time)
fruits/vegies a day!

TEEN STRESS COPING BELIEFS
social support (talk to mom, dad, get a hug)
cognitive behaviors (think about it/talk about it)
avoid it (run away from it)

Adolecent Counselling:
1. listen
2. treat it as real
3. get more expert help

national adolecent student health survey:

still analysizing the data (8,10,12th graders)

8 different help areas/ nation-wide/ 20,000 students/ valid, realible, students opinions on health issues:
drugs: all areas increasing except glue-sniffing (inhalants)
alcohol: major problem.
all drugs tried on experimental basis - very high percieved risk if drug X is taken - but all experimented and highly available.
kids knew lots about AIDS, but not STDs - related to
nutrition/consumerism = kids failure, no breakfast, girls major dieting, no knowledge about food values, didn't which foods were high in fat/sodium.
53% said okay to have sex
11% okay to have sex with multiple partners
80.2% okay to say no
2% using condoms
"It's not gonna happen to me" syndrome - eg., having sex without condoms/multiple partners, 1/3 students in a car with a driver who had been using drugs/alcohol

[NOTE: use of hands on for bike safety - eg., time/get one student on speed travelled, then same speed with "melon" head-on with concrete wall]

23% males carried knifes

November Notes - Health

***** NOTES 11-02: *****

Mary Portis, health instructor:

Ethnically related diseases:
Sickle-cell anemia - black population
Tasacks - eastern-Jewish population
sistic - fibrosis: sweat-glands not proper functioning: caucasian population

Spinal-bifida:
opening in the spine - early diagnosis, surgury to close opening, depending on how high up opening is regard ability/inability to control urination/bowels.

Hydo-cephalis:
shunting excess fluid from brain through plastic tube to throat to drain to stomach.

Muscular Distrophy
M.S.= disheens' MS - male only, female carrier; born "normal," no current test - walk ... 4-7 start to shows sign of becoming clumpsy and tired; usually diagnosed as "learning" because early in school child; develops pseudo-muscles---eg., looks like muscles but fat deposits, disabled early teens death; progressive disease - eg., throw ball in sitting position in Sept, by Dec. needs felt-tip to make a mark.

Must carry MS children as a baby, no muscle-strength but still can feel everything - pulling by arms will pull them out of their sockets; tendency to get fat because no activity - should be reminded that if they stay close to near-normal weight they'll be able to continue doing more things. No amount of physical therapy will contribute to gain of muscle use or mass - attrophy is permanent.

Amputations:
congenital amputation,
Born with missing limbs, eg., tholidmid babies. some teachers have difficulty with prob. (treatment like burn victims)

acquire amputations:
Accidents related to motorbikes and ATCs, or disease; loss of "small part" (eg., finger) needs some psychiatric help, phantom-pain is a very real thing, but if a full-year later you're being had. Some teachers can handle amputation, but can't handle prosthesis---putting on or putting off; most children cannot handle having prosthesis on all day - because of weight, they're hot, rashes, etc.

Amputations: be aware of weight or getting cold; weight because they don't need the same calorie intake, and difficulty of temperature regulation.

Arthritis:

juvinile arth - systemic - all over the body - 4 or 5 joints, can go away in teenage years; if they make it through the swelling eg., without damaging the joints they'll be okay, beware of blurred vision - bad side effect of arthritis.
; aspirin drug of choice, always sore in the morning, but no consistency, don't have all small muscle exercise together (writing . . .), no contact sports but should be encouraged to participate in other sports.

Heart disease:

could be congenital or acquired (rhomatic fever); depending how severe the defect some cannot go up stairs, needs nap, or no trouble; need to be informed by the doctor or parents - not child; can have disease from birth but not diagnosed until much later (growth spurt?) - small birth no heart burden, later heart cannot keep up

Cancer:

cancer
luekemia
lumphoma

basically a fatal disease; treatment can make the child very sick; current plan is to return child to classroom immediately after treatment - normalization effect; parents remove the rules, makes the child feel insecure rather than better - often will reach out teachers, don't try to make things better ("oh, you can be anything you want")

Cystic-Fibrosis:

mother-father carriers, congenital disease---digestive system, respiratory system covered with lots of mucous, must go to nurse to lay on slant board to have mucous pounded out - catches every cold.

Child reflections of mainstreaming:

fear about safety:
wheelchair safety
how to lift a child - wait for help (even the bath room,
how to fold the chair - be careful, don't take it apart - they're not toys,
ramps: going down backward, if forward lean back, ask which they're most comfortable
brakes - know how to use, be aware.
seatbelts - makes them feel more secure, should be on all the time.
some times they need assistance but like to do the rest on they're own
take care of the equipment

learn how to adjust to child's wanting to participate (eg., student in wheelchair wanted to dance, student photographer, typing with stylus, or writing with your feet).
time-factors: differential standard re: art might be different.

use best judgement to not endanger student in favor of participation; but don't do everything for the student - even for time constraints - kids real frustrated 'cause they weren't allowed to finish anything.
stress that they must complete their assigned tasks, don't pass them along just because they're handicapped; if truly mainstream = must maintain the "standard"; if single subject proficiency or socialization then reason is different; application of handicap to test material must be appropriate - MS and writing eg., adjust but require "same" material.

Genetic counselling:
family/medical history
testing - ultra-sound, amnio-centisis . . .

NO CLASS NEXT WEEK - AGENCY REPORT NEXT MEETING....

***** NOTES 11-16: *****

If you can teach responsibility and self-esteem then you are teaching the core of health science (behavioral); DARE = say no, assertiveness training. Assertive people get their needs met without stepping on other people, passive people don't get their needs met, aggressive people get their needs met but usually at the expense of others. Unless you can give students an alternative to drug use then they'll do it---if you feel good about yourself then they're less likely to turn to drug use.

Epilepsi:
3% K-12 kids have epilepsi, more children than adults, 5 different kinds:
--> 1. Grand Mal - unconscious, no warning, can't control or stop it, over five minutes = medical emergency during: help student get down to the ground, move objects away, pad students surroundings; after: extremely tired, first time: call parents, need medical evaluation;
--> 2. Petit Mal: 5-15 seconds, lost consciousness, staring, blinking, mouth twitching, automatisms (e.g., tapping furniture), no collapse;
3. Partial Focal seizure: usually unconscious, a warning or "aura" usually proceeds, seizure begins in one part of the body and progress to movements associated with Grand Mal seizure;
--> 4. Complex Partial or Psychomotor Seizure: very rare, 2-5 minutes, foul language, walk around disrupting others with words

and actions, appears to be conscious, but are actually in an altered state, no memory of the seizure

5. Light Sensitive Seizure: hereditary, peak in adolescence, usually disappear in adulthood, occurs after waking up or sudden flashes of light.

Allergies:

Get student away from allergic material; most students know what they are allergic to; connection to allergic reaction

anaphylactic shock: sudden, violent reaction, typicallyt follows insect (bee) stings and drugs (penisilun)

Asthma:

most common chronic childhood sisease; air tubes of lungs are narrrowed by tightened muscles, mucous plugs and swollen tissues; asthmatic child has difficulty breathing; usually hapens in episodes or attacks. air flows through narrowed tube making wheezing sound; sometimes coughing/spitting up mucous; or may cough without wheezing; NO humidifiers!!!

Cancer

C change in bowel or bladder habits
A a sore that does not heal
U unusual bleeding or discharge
T thickening or lump in breast or elsewhere
I indigestion or difficult in swallowing
O obvious change in wart or mole
N nagging cough or hoarseness

#1 cause death in children after accidents is cancer; early detection is main thing; 5 years after treatment with no other cancers = "cure"; one cancer chances increase for other cancers;

Majority of lumps are not cancerous; majority of lumps self-discovered; men deaths: 1. lung, 2. prostrate, 3. colon/rectal; women deaths: 1. breast, 2. colon/rectal.

Skin cancer - excessive exposure to the sun, any unusual change in color/shape/sensation, oozing. skin cancer rates 1 out of 120! '89 1 in 250; 1 in 90 by 2,000

Prostrate cancer - urinary problems, over 65 age.

Lung cancer -

cigarette smoking (over two packs risks greatly increased); second-hand smoke = respritory problems in children;

Colon-rectal Cancer -

need to decrease fat intake and increase fiber. genetic link; everyone over 30 should have stool sample taken; Local 85%, regional 55%, distance 5%

Breast Cancer -

right now, over 50-years of age, dropping to 40s; personal family history; never having children; having children after 30; breast cancer = genetic link <> primary relatives (Mom, sis . . .) much greater chance of catching it.

Pancreatic Cancer -
smoking related, males; black 50% greater; no warning signs; coffee (possibly); not a lot to do! 100% fatal (Michael Landon)

Leukemia -
Down's syndrome and other hereditary abnormalities; excessive exposure to radiation; warning symptoms: fatigue, paleness, wieght loss, nose bleeds; chemo-therapy, bone-marrow transplant

Oral Cancer -
cigarettes, cigar, tobacco; discoloration . . .

Uterine/Cervical Cancer
early age of 1st intercourse; multiple sex partners; endometrial cancer; failure of ovulation; prolonged use of estrogen; obesity; signs: intermenstrual/postmenopausal bleeding or unusual discharge

Ovarian Cancer -
after 65-85; no children; late child birth; no signs! (Gilda Radner)

Bladder Cancer -
smoking, men, urban areas, works with dyes, rubber, leather, coffee drinkers, artificial sweeteners; signs: blood in urine

***** November 23: *****

Anorexia Nervosa

Criteria:
* intense fear of becoming obese, which does not diminish as weight loss progresses
* disturbance of body image, such as claiming to feel fat even when emaciated
* weight loss of at least 25% of original weight
* refusal to maintain weight over a minimal normal weight for age and height
* no known physical illness that would account for the wieght loss
* Amenorrhea (lack of period)

Description:
volunteer self-starvation
emaciation, disability and possible death

primarily in females (9:1)
males are increasing
middle and upper class
also common in all socio-economic classes, ethnic groups and ages

onset: between ages 12 to 25, age group 8 to 12 increasing
Symptoms:
psychosomatic disorder
is progressive
symptoms change with progression

Personality:
before developing disorder: cooperative, compliant
after: love and approval needed, was not a demanding child, felt unworthy of receiving gifts, viewed them as debts.
Pwer/control is needed by Anorexia

Bulimia

A. Recurrent episodes of binge eating
B. Plus at least 3 of the following:

* consumption of high-caloric, easily ingested food during a binge
* inconspicuous eating during a binge
* termination of such eating episodes by abdominal pain, sleep, social interruption, or self-induced vomiting
* repeated attempts to lose weight by severely restrictive diets, self induced vomiting, or use of cathartics or diuretics
* frequent weight fluctuation greater than ten pounds due to alternative binges and fast

C. Awareness that eating pattern is abnormal and fear of not being able to stop eating voluntarily

D. Depressed mood and self-deprecating thoughts following eating binges

Compulsive Overeating

use of laxatives
vomiting
enemas and diuretics
5 to 6 times more common than anorexia
females
adopt some bulimic behaviors without developing the disorder

amount of food consumed 3,500 to 50,000 plus calories
binges last 1 hour

Symptoms:
psychosomatic
progressive

compulsive
perfectionistic
desires approval
low self-esteem
often depressed

***** November 30: *****

AIDS:
Accuired Immunity Deficiency Syndrome
change CD4 count will change numbers of AIDS, etc., - AIDS blood test looks for AIDS anti-bodies, takes 6-9 months for apparence of anti-bodies.

1981 - 1st reported case in U.S. - knowledge up to 14 years.; found in records back to 70's and 60's
can't cure/kill a virile infection:

Three stages of AIDS

1st stage: HIV infection -
detectable only through positive blood-test - 650,000 - 1.4 million in first stage according CDC - no signs/symptoms (9 million estimate according to Masters & Johnson . . .).

2nd stage: ARC - AIDS related complex -
ID'd with positive blookd test + fever, night sweats, swollen glands in neck, armpits, groin, flu-like symptoms, light-headedness; rapid, unexplained weight loss, skin/lumps/rashes; yeast infections, bloody stools, chronic diarrhea, heavy, dry persistent coughs, extreme fatigue, loss of appetite, cuts/bruises which don't heal quickly, unexplained bleeding (anus or mouth) headache, shortness of breath, easy bruisability

Incubation: 1 year up to 10 years - 1st 100,000 = 8 year, 2nd 100,000 = 26 months, year 2000 = 2 million; 75% 1st to 2nd; 85-90% to third - listed as 5th leading killer of children (infants very suseptible);

3rd stage: full blown aids;
HIV positive; + diseases= Kaposi Sarcoma)KS); Pneumoctctis Carinii Pheumonia (PCP); Cruptococcosis; non-Hogkins Lymphoma; individuals diagnosed 3 years = mortalitay rate close to 100%. Other AIDS diseases: cadidiasis, Herpes simlex; cytomeglovirus; taxoplasmosis; Transmission: very intimate, usually sexual, contact with the blood or semen of affectcted individual. limited, non-sexual contact of muosal surfaces (eg., mouths, retum, nsoe, genitals, any open cut or sore) with any body secretion (such as blood, sweat, urine, feces, orsaliva) of affected subjects.; AZT = two extra years, CD count of 400 - T-cell counts; - fastsest

growing groups = IV drug users; 2nd way = intercourse - primarily anal intercourse (difference between anus and vigina - few women in the passt but one of the fasest growing groups); 25-44 years = AIDS 1/3 leading cause of death; ;

high risk subjects:

* homosexual with multiple, partners and bisexuals = 64% (US), 85% (CA)
* heterosexual contact 4% (US) 10%
* IV drug users (myth with prostritutes), 17-25% (US) 2% (CA) blood products, transfusions
* hemophilia 2-4% (US) 2% (CA)
* other (newborns, cuban, haitian) 1% (US) 1% (CA)

key to destroying AIDS on dental tools = heat. has to get into the blood systems;

origin: Africa - green monkey - bites; caretaken

December Notes - Health

***** NOTES 12-07: *****

Signs of STDs in males:
1. burning in urination
2. abnormal drip or "puss-y" discharge from the penis
3. any unusual or abnormal coloring in the urine
4. obvious presence of blood in the urine
5. sores, pimples, warts or other unusual lesions on or near the genital area
6. soreness or redness on the penis or anus.

Signs of STDs in women:
1. burning in urination
2. pain, itching, soreness, or redness on or around the vaginal or rectal areas
3. sores, pimples, warts or other unusual lesions on or near the genital area
4. any unusual or abnormal discharge from the vagina

800,000 new cases of gonorrhea - men usually with signs; females usually don't have symptoms - 80%, untreated gonnorea; smear test - not blood test - if males wait then catheter must be inserted through the ureathra;

MAJOR STDs

Viral

Aids - AZT (see last week's notes)

Herpes -

* virus, everyone who's had chicken pocs, normally occuring, depends on outbreak, contagious when blisters 1st appear, can have multiple occurances,
* virus buries in spinal column - very painful as older person because of more developed nervous system,
* simplex one=fever blisters (two seperate diseases); simplex two=sexually transmitted, because of oral-sex,
* unreportable disease,
* THIRD MOST COMMON SEXUALLY TRANSMITTED DISEASE;
* incidence of outbreaks decreases after age 35;
* greatest problem = social stigma; usually occurs below the waste on genital;

Factors which trigger dormant virus into active state:
- emotional stress,
- physical injury,
- ultraviolet light,
- poor diet,
- mentruation,
- wearing tight clothing (little ventilation),

disease,
foods which contain argamine,
fatigue,
upper respiratory infection,
sexual intercourse,

Simplex 2 much worse than Simplex one; major problem with 2 = women - 6 times a chance of getting cervical cancer; male greater chance but less than 6 times of getting reproductive cancer; women = C-Section child birth because of stress of child birth, child exposure = death or brain damage.

Hepatitis B - A = infectious, food, contaminated objects;

Papilloma virus (genital warts)

NGU - non-gnicocoll-urethera -

Bacterial:

Chlamydia:

* bacteria that acts like a virus
* most common sexually transmitted disease in the US;
* not a reportable disease;
* many people display no symptoms of the disease (50%)

treatment: not cured by penicillin! tetracycline taken 10-14 days cures chlamydia - penicillin will make it worse - besides dosages are different - 1200-1500 mg dosages;

Symptoms in males (similar to mild symptoms of gonorrhea) painful during urination, itching in the urethra, thin, watery discharge from the urethra; most females = no symptoms

Gonorrhea

Syphilis

Cystitis

Most common STDs
1. Chlamydia
2. Gonorrhea
3. Herpes